

January 22, 2004

Thomas M. Dorman
Executive Director
Kentucky Public Service Commission
211 Sower Blvd.
Frankfort, KY 40602-0615

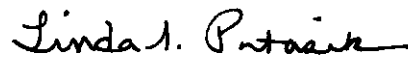
*Re: Louisville Gas and Electric Company - Alleged Failure To Comply With
Administrative Regulations, Case No. 2002-00427*

Dear Mr. Dorman:

Pursuant to Paragraph 2 of the Settlement Agreement dated August 21, 2003 (approved by Commission order dated August 29, 2003), in the above-referenced docket, Louisville Gas and Electric Company ("LG&E") hereby submits the following field safety audit and training information: (i) documentation of random field audits conducted during 2003 (to be maintained at the Commission); and (ii) copies of minutes and attendance records for two Quarterly Contractor Safety meetings and two Safety Council sessions (held on August 7, 2003 and November 6, 2003, respectively). LG&E will provide the Commission with copies of minutes and attendance records for the Contractor Safety and Safety Council meetings conducted during the next two quarters, per the settlement agreement, after these meetings are completed.

Should you have any questions concerning the enclosed, please do not hesitate to contact me directly at 502/627-2557.

Very truly yours,



Linda S. Portasik
Counsel for Louisville Gas and Electric
Company

~~Reisert~~, Marcia

From: McBride, Keith
 Sent: Monday, December 22, 2003 3:34 PM
 To: Reisert, Marcia; Sheridan, Kenneth; Purvis, Neal; Guy, David
 Subject: Safety Audit Form.xls

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: XXX Contractor: _____ Aburndale Operations Center
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Neal Purvis - Team Leader
3. Names of employees under his supervision on this job: George Jetter / Joe Richardson - Trouble Technician
4. Name of immediate supervisor of employee directly in charge: Neal Purvis - Team Leader AOC
5. Location and brief description of work: Dixie Hwy and Wilson / FD calling for power to be shut off
very large 3 - alarm warehouse fire
6. Job Planning (Scouting, etc.): All Proper YES XXX NO _____ Describe: _____
Both Trouble Tech's worked together / communicated with Dispatch
7. Job Briefing (Tailboard Conf., etc.): All Proper YES XXX NO _____ Describe: _____
Self directed and also discussion once second Technician arrived on scene
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES XXX NO _____
 Describe: All proper
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES XXX NO _____
 Describe: All PPE in use
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
 Describe: N/A
11. Other Equipment and Procedures: All Proper YES XXX NO _____ Describe: _____
Laterals opened up for Fire Fighter safety / scene very hazardous / proper tags placed on switches when scene was safe to re

2/22/2003

12. Apparent hazards not being guarded against by crew: NONE

Good job - extreme smoke conditions - once lines de-energized contact made to FD Command Post

13. Overall Safety Rating of Crew: Good: XXX Fair: Poor:

14. Recommendations or Suggestions: Re-enforce No Compromise

15. Are all safety devices in working order? YES XXX NO

Radios - flashlights - dielectric sticks

16. Audit results discussed with employee in charge: YES NO XXX

December 21, 2003

Date of Audit

WK McBride

Employee Performing Audit

Reisert, Marcia

From: McBride, Keith
Sent: Wednesday, December 17, 2003 11:29 AM
To: Sheridan, Kenneth; Reisert, Marcia; Claypool, Brian; Owens, Crawford
Subject: Safety Audit
Importance: High

Distribution Operations Work Safety Audit

1. **Crew:** KU: LGE: XXX **Contractor:** East Operation Center
Crew Reporting Location or Name of Contractor
2. **Name and class of employee directly in charge of work:** Brian Claypool-Team Leader / Terry Wheatly-Foreman
3. **Names of employees under his supervision on this job:** several
4. **Name of immediate supervisor of employee directly in charge:** Brian Claypool
5. **Location and brief description of work:** Frankfort Ave and Vernon Ave / road cave in / repair metal plates
5. **Job Planning (Scouting, etc.):** All Proper YES XXX NO Describe:
 All carefully checked the area / closed area to vehicular and pedestrian traffic
7. **Job Briefing (Tailboard Conf., etc.):** All Proper YES XXX NO Describe:
 all crews discussed objective with Team Leader and Foreman once on scene and prior to starting on job
3. **Work Area Protection (Signs, Flags, Cones, etc.):** All Proper YES XXX NO
 Describe: PERFECT !! / cones - caution tape - police for traffic - signs - yellow lights flagging (all in use)
9. **Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.):** All Proper YES XXX NO
 Describe: All PPE in use / rain gear - eyewear - hard hats - gloves - employees also watching out for one another
0. **Cover-Up Equipment (hoses, Hoods, Blankets, etc.):** All Proper YES NO
 Describe: N/A
1. **Other Equipment and Procedures:** All Proper YES XXX NO Describe:
 Proper placement of vehicles / operation of plate truck / metal plates for road

2/17/2003

3. **hazards not being guarded against by crew:** Absolutely none !! These crews on the job worked
very quick and worked together. Very safe operation. Crews on scene did very good job.

3. **Overall Safety Rating of Crew:** **Good:** !!! **Fair:** **Poor:**

4. **Recommendations or Suggestions:** Keep up the good work.

5. **Audit results discussed with employee in charge:** **YES** **NO** XXX

December 16, 2003

Date of Audit

WK McBride

Employee Performing Audit

✓

Crew Reporting Location or Name of Contractor

Sam Smith Meter Technician A

John Howard

Bench testing meters

YES **X**

YES **X**

YES

Describe: N/A

YES **X**

Describe: Safety glasses

YES

Describe: N/A

YES **X**

Good: X

YES **X**

YES **X**

Date of Audit

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: x Contractor: _____ AOC Meter Department
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Jeff Vincent Meter Technician A
3. Names of employees under his/her supervision on job: _____
4. Name of immediate supervisor of employee directly in charge: John Howard
5. Location and brief description of work: Bench testing meters
6. Job Planning (Scouting, etc.): All Proper YES x NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES x NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES x NO _____
Describe: Safety glasses
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES x NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: _____
13. Overall Safety Rating of Crew: Good: x Fair: _____ Poor: _____
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES x NO _____
16. Audit results discussed with employee in charge: YES x NO _____

November 20, 2003

Date of Audit

Joe Welsh

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: ☒ Contractor: _____ AOC Meter Department
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Larry Bowling Meter Technician A
3. Names of employees under his/her supervision on job: _____
4. Name of immediate supervisor of employee directly in charge: John Howard
5. Location and brief description of work: Bench testing meters
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: Safety glasses
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: _____
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

November 20, 2003

Date of Audit

Joe Welsh

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ MIDWAY
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: RICKY DARNELL LSA
3. Names of employees under his supervision on this job: JOHN RUBER BRIAN STUMBO MIKE SCOTT
4. Name of immediate supervisor of employee directly in charge: T MORRISON
5. Location and brief description of work: TRANSFERING WIRE TO NEW POLE FROM BROKEN POLE
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
JOB HAD BEEN LOOKED AT BEFOREHAND
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
JOB WAS DISCUSSED ALONG WITH JOB DUTIES
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: SIGNS AND CONES WERE IN PLACE
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: LINES WERE GROUNDED
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
BUCKET TRUCK AND GROUNDS
12. Apparent hazards not being guarded against by crew: NONE APPARENT
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

October 14, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ LEXINGTON OPERATIONS
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: DON GABBARD LSA
3. Names of employees under his supervision on this job: M WOODS B GIFFORD J LONG H MITCHELL
4. Name of immediate supervisor of employee directly in charge: T MORRISON
5. Location and brief description of work: RECONDUCTOR LINE ON SHUN PIKE IN NICHOLASVILLE
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: WORK WAS DONE FROM AN ENGINEER PRINT
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: JOB AND JOB DUTIES WERE DISCUSSED BEFORE WORK BEGAN
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____ Describe: JOB WAS OFF ROAD
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____ Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____ Describe: HOSES BLANKETS AND HOODS WERE IN USE TO COVER THE PRIMARY AND NEUTRAL
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: BUCKET TRUCKS AND DERRICK TRUCK IN USE
12. Apparent hazards not being guarded against by crew: NONE APPARENT
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

November 25, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: LEXINGTON CONSTRUCTION
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: DON GABBARD
3. Names of employees under his supervision on this job: MIKE WOODS, BRYAN GIFFORD, JOE LONG
4. Name of immediate supervisor of employee directly in charge: T. MORRISON
5. Location and brief description of work: DE-ENERGIZE AND GROUND ONE PHASE ON THE DIST. SO AN ELLIOT CREW COULD REPAIR THE TRANS. & DIST. BURNED BY BROKEN GUYS AND REPLACE GUYS AT LEXINGTON GREEN
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: THE OUTAGE WAS PLANNED DUE TO AN ACCIDENT DURING THE NIGHT BEFORE
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: JOB WAS DISCUSSED AND ASSIGNMENTS WERE GIVEN BEFORE WORK BEGAN
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____ Describe: A SECTION OF THE DRIVE WAS BLOCKED OFF WITH SIGNS AND CONES
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____ Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____ Describe: OTHER PHASES WERE COVERED WHERE GROUND WAS APPLIED
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: GROUND WAS APPLIED TO DE-ENERGIZED PHASE
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

October 24, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: ✓ Pike
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Steve Brant
3. Names of employees under his supervision on this job: Steve P.
4. Name of immediate supervisor of employee directly in charge: Barb Noll
5. Location and brief description of work: EOC
6. Job Planning (Scouting, etc.): All Proper YES ✓ NO _____ Describe: Formal
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ✓ NO _____ Describe: Formal
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ✓ NO _____
Describe: Disseminated training and ~~with~~ safety radios by Pike
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ✓ NO _____
Describe: Formal
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ✓ NO _____
Describe: Formal
11. Other Equipment and Procedures: All Proper YES ✓ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ✓ Fair: _____ Poor: _____
14. Recommendations or Suggestions: Stay focused on SLIP, TRIP & FALL
15. Audit results discussed with employee in charge: YES ✓ NO _____

12-30-03
Date of Audit

M. Gibson
Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: ✓ Pike
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Steve Bryant
3. Names of employees under his supervision on this job: Several
4. Name of immediate supervisor of employee directly in charge: Steve Bryant
5. Location and brief description of work: Highway 32 100.
6. Job Planning (Scouting, etc.): All Proper YES ✓ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ✓ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ✓ NO _____
Describe: Cones - proper traffic safety
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ✓ NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ✓ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: yes
13. Overall Safety Rating of Crew: Good: ✓ Fair: _____ Poor: _____
14. Recommendations or Suggestions: stay focused on traffic safety
15. Audit results discussed with employee in charge: YES ✓ NO _____

12-30-03
Date of Audit

Mike G!bsi
Employee Performing Audit

Paper 100%
Note Book Paper

Ferry -> 3214

Distribution Operations Work Safety Audit

Ken - 3041
Keith - 2105
Jen - 8038
Walt - 8440

1. Crew: KU: LGE: Contractor: ✓ FOC - EVANS CORP.
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: B. Z. BARNES
3. Names of employees under his supervision on this job: Ferry En-Fram / Wanda
4. Name of immediate supervisor of employee directly in charge: B. Z. BARNES
5. Location and brief description of work: FOC Moving Office
From main to Learning Bldg.
6. Job Planning (Scouting, etc.): All Proper YES ✓ NO Describe:
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ✓ NO Describe:
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ✓ NO
Describe:
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ✓ NO Describe: Excellent Return toward Safety
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ✓ Fair: Poor:
14. Recommendations or Suggestions: Stay Focused / take the time to be safe
15. Audit results discussed with employee in charge: YES ✓ NO

12-30-03
Date of Audit

M. Gibson
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Miller Pipeline
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Byron Slaughter
3. Names of employees under his supervision on this job: Brian Kingrey
4. Name of immediate supervisor of employee directly in charge: _____
5. Location and brief description of work: 10013 Ballardsville Rd. New service
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: Cones and signs out
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All personeal protective equipment was worn safety glasses, hard hat and gloves
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES _____ NO X Describe: _____
Spoil pile to close to ditch corrected on job
12. Apparent hazards not being guarded against by crew: _____
13. Overall Safety Rating of Crew: Good: _____ Fair: X Poor: _____
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

December 4, 2003
Date of Audit

Larry Dodson Safety and Technical Training
Consultant
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: LGE: X Contractor: EOC
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Rick Lewis
3. Names of employees under his supervision on this job: Greg Huettig, Chris Boone, Darren Hodson
4. Name of immediate supervisor of employee directly in charge: Brian Claypool
5. Location and brief description of work: Broken plasit main
6. Job Planning (Scouting, etc.): All Proper YES NO Describe:
7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO
Describe:
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO
Describe:
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
Describe:
11. Other Equipment and Procedures: All Proper YES X NO Describe:
12. Apparent hazards not being guarded against by crew:
13. Overall Safety Rating of Crew: Good: X Fair: Poor:
14. Recommendations or Suggestions:
15. Are all safety devices in working order? YES X NO
16. Audit results discussed with employee in charge: YES X NO

December 22, 2003
Date of Audit

Larry Dodson Safety and Technical Training
Consultant
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: ☒ Contractor: _____ EOC _____
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Terry Wheatley
3. Names of employees under his supervision on this job: Tom Brock, Dave Durbin
4. Name of immediate supervisor of employee directly in charge: Brian Claypool
5. Location and brief description of work: Tri-County Hospital Moody Lane Connect existing service to new service
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: Area properly protected cones and signs out with lights for night
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: All employees wearing hard hats, safety glasses and gloves
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: All procedures followed for testing of customer service
12. Apparent hazards not being guarded against by crew: Ditch properly stepped back
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None crew did exceptionally good
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

December 5, 2003

Date of Audit

Larry Dodson Safety and Technical Training
Consultant

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: ☒ Contractor: _____ AOC _____
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Greg Wilson
3. Names of employees under his supervision on this job: _____
4. Name of immediate supervisor of employee directly in charge: Eric Netherton
5. Location and brief description of work: Tri-County Hospital Moody Lane Test customer houseline and relief valve service changeover
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: Area properly protected
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: Employee wearing all PPE
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: All procedures followed for testing of customer houseline and relief valve
12. Apparent hazards not being guarded against by crew: _____
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: Greg did exceptionally good
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

December 5, 2003

Date of Audit

Larry Dodson Safety and Technical Training
Consultant

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: WINCHESTER
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: JEFF CUMMINGS
3. Names of employees under his supervision on this job: T MOORE J DAVIS T WATTS K CHARLES
4. Name of immediate supervisor of employee directly in charge: JACKIE GREER
5. Location and brief description of work: Install 2 poles and wire to feed sign at Barnes Mill and the Richmond Bypass
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: ENGINEER PRINT
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: JOB AND DUTIES WERE DISCUSSED BEFORE WORK BEGAN
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____ Describe: SIGNS CONES AND FLAGMAN USED TO DIRECT TRAFFIC
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____ Describe: ALL PPE USED PROPER AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____ Describe: NONE NEEDED
11. Other Equipment and Procedures: All Proper YES _____ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

December 12, 2003
Date of Audit

TIM TUCKER
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ ELIZABETHTOWN OPERATIONS
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: NICK THOMAS LSB
3. Names of employees under his supervision on this job: JOHN MATTINGLY BEN SNODGRASS
4. Name of immediate supervisor of employee directly in charge: MIKE YATES
5. Location and brief description of work: REPLACE 2 SPANS OF 3 PHASE PRIMARY ON SPRING STREET IN LEITHFIELD
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
JOB WAS PLANNED AND CUSTOMERS WERE NOTIFIED OF OUTAGE
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
JOB AND JOB DUTIES WERE DISCUSSED
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: STREET WAS BLOCKED OFF
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: HOSES AND BLANKETS WERE USED TO COVER PRIMARY AND NEUTRAL
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: BUCKET TRUCKS
12. Apparent hazards not being guarded against by crew: NONE APPARENT
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

December 2, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ SHELBYVILLE OPERATIONS
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: DAVID THOMPSON LSA
3. Names of employees under his supervision on this job: ROBBY STAPLES MATT COLLINS
4. Name of immediate supervisor of employee directly in charge: BOB PRICE
5. Location and brief description of work: SET 45' POLE FOR FUTURE USE IN A INDUSTRIAL PARK
IN SHELBYVILLE
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
ENGINEER PRINT
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
JOB WAS DISCUSSED BEFORE WORK BEGAN
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: JOB WAS OFF ROAD IN A FIELD
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: POLE GUARDS WERE USED TO COVER THE POLE AND AVOID PHASE CONTACT
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
DERRICK TRUCK
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP THE GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

December 3, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: X Trinity Underground Construction
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: David Rule - Foreman Justin Burris - Foreman LG&E
3. Names of employees under his supervision on this job: 4 employees
4. Name of immediate supervisor of employee directly in charge: Clay Price
5. Location and brief description of work: Center Storage Field 4" main replacement
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: In the middle of a pasture field, none needed
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: Hard hat and gloves. Welders were wearing proper equipment.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
Excavation looked good. Spoil pile 2' from the edge of the ditch
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO _____
Trackhoe and backhoe had all safety devices in working order.
16. Audit results discussed with employee in charge: YES X NO _____

December 19, 2003
Date of Audit

Frank Newton
and Technical Training Equipment
Employee Performing Audit

Safety

Energy Delivery Work Safety Audit

mas

1. Crew: KU: _____ LGE: ☒ Contractor: _____ Center Storage Building
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Justin Burris - Foreman LG&E
3. Names of employees under his supervision on this job: Gene Staples
4. Name of immediate supervisor of employee directly in charge: Clay Price
5. Location and brief description of work: Center Storage Field
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: All protective equipment available. Hardhat, gloves, traffic vest and eyewear.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
Housekeeping very good inside building. Storage was neat and orderly. Nothing stored in front of electric panel.
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES _____ NO _____ N/A
16. Audit results discussed with employee in charge: YES ☒ NO _____

December 19, 2003

Date of Audit

Frank Newton

and Technical Training Equipment

Employee Performing Audit

Safety

building

Frank Newton Safety
and Technical Training Equipment
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ Somerset Line / Service Crew
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Tom Tounge - Temp. Supervisor B
3. Names of employees under his supervision on this job: Chris Salyers, Mike Sigrimis
4. Name of immediate supervisor of employee directly in charge: Rod Wilson
5. Location and brief description of work: Somerset Hwy 27. Install approximately 300' of 350 quad underground service wire from new transformer bank. 120/208 for new car lot. Hook and check voltage.
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: Crew received print that morning.
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: Conducted by Tom Tounge
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____ Describe: Work site was in new parking lot off of roadway.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____ Describe: All employees had on all required PPE, including gloves and sleeves at transformer pole during cover up.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____ Describe: Crew used hoses, blankets, and hoods while covering up for pulling service wire at bank pole.
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: Bank was de-energized, but crew also removed stingers from 3-phase line. Chocks in place on all trucks.
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES _____ NO ☒ Safety clip was missing from material handler load hook, talked to supervisor about replacement and he would have it done.
16. Audit results discussed with employee in charge: YES ☒ NO _____ Discussed the use of class 2 gloves and sleeves, not low voltage gloves, while checking voltage on new transformers regardless of voltage.

December 1, 2003

Date of Audit

Tim D. Hatchett

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ Danville Substation Construction
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Jimmy Gordon Temp. Supervisor
3. Names of employees under his supervision on this job: Wesley Burnside, Danny Terrell
4. Name of immediate supervisor of employee directly in charge: Ervin Vanover
5. Location and brief description of work: Spencer Substation: Mt. Sterling Addition of new 138 kv bay.
Crew in process of preparing and setting horizontal 138 switches in new bay.
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: Crew has been working at this location for a couple of months.
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: Was not there when daily job started.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: All employees had all required PPE in use.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: All work in new de-energized bay. None needed.
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: Good communication while hoisting and setting 138 switches on top of steel. Slings in good shape and tags good.
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: First aid kits a couple of weeks out of check.
15. Are all safety devices in working order? YES ☒ NO _____ Digger truck safety latch in good shape. Vehicle chocks in use.
16. Audit results discussed with employee in charge: YES _____ NO ☒ Had to leave on short notice due to injury in London KY.

December 11, 2003
Date of Audit

Tim D. Hatchett
Employee Performing Audit

Reisert, Marcia

From: Hatchett, Timothy
Sent: Monday, November 10, 2003 3:07 PM
To: Reisert, Marcia
Subject: Safety Audit Form.xlsNorton03.xls

Energy Delivery Work Safety Audit

1. **Crew:** **KU:** X **LGE:** **Contractor:** Norton Va. - Line / Service crew
Crew Reporting Location or Name of Contractor
2. **Name and class of employee directly in charge of work:** Lloyd Wilson: Line Supervisor A
3. **Names of employees under his supervision on this job:** Jackie Lawson, Allen Davis
4. **Name of immediate supervisor of employee directly in charge:** Howard Elliott
5. **Location and brief description of work:** Coeburn Va. - New service: Install single phase transformer
350 triplex service, single phase primary and primary neutral.
6. **Job Planning (Scouting, etc.): All Proper** **YES** X **NO** **Describe:** Crew was
that morning. Supervisor scouted work site before crew arrived.
7. **Job Briefing (Tailboard Conf., etc.): All Proper** **YES** X **NO** **Describe:** Given by Lloyd
Wilson.
8. **Work Area Protection (Signs, Flags, Cones, etc.): All Proper** **YES** N/A **NO**
Describe: None needed. Work site well off of roadway.
9. **Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper** **YES**
Describe: One employee was not wearing eye protection at start of job, but after a reminder put them on. (Had
pair on truck) Employee safety glasses were on other truck. All other PPE was in use by all employees.
10. **Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper** **YES** N/A **NO**
Describe: No cover up needed at this stage of job.
11. **Other Equipment and Procedures: All Proper** **YES** X **NO** **Describe:** Everyone
well together. Good communication.

11/10/2003

12. Apparent hazards not being guarded against by crew: None

13. Overall Safety Rating of Crew: Good: X Fair: Poor:

14. Recommendations or Suggestions: None

15. Are all safety devices in working order? YES X NO

16. Audit results discussed with employee in charge: YES X NO Discussed impor
of eye protection. Overall good job by crew.

November 5, 2003

Date of Audit

Tim D. Hatchett

Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: EOC - Fishel
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Tahmy Ward
3. Names of employees under his supervision on this job: Fishel
4. Name of immediate supervisor of employee directly in charge: Tahmy Ward
5. Location and brief description of work: Hwy 42
6. Job Planning (Scouting, etc.): All Proper YES _____ NO ☒ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO ☒ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO ☒
Describe: WORK WAS BEING DONE WITHOUT PROPER CONES TO
GOOD PPE
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: TRAFFIC HAZARD
13. Overall Safety Rating of Crew: Good: _____ Fair: ☒ Poor: _____
14. Recommendations or Suggestions: CONES - TAKE THE TIME TO
DO IT SAFELY !! Flags - - - -
15. Audit results discussed with employee in charge: YES ☒ NO _____

11-18-03
Date of Audit

Miko Gibson
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Southern Pipeline
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Dave Spencer
3. Names of employees under his supervision on this job: various
4. Name of immediate supervisor of employee directly in charge: Steve Mullins
5. Location and brief description of work: Moody Ln. Lowering of 12 inch HP gas main
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All employees were wearing hard hats, safety glasses, gloves and traffic vest
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: Manned fire
extinguisher positioned properly during tie-in
12. Apparent hazards not being guarded against by crew: _____
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

November 25, 2003
Date of Audit

Larry Dodson Safety and Technical Training
Consultant
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: X Southern Pipeline
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Marvin Thompson - Foreman & Justin Burris LG&E
3. Names of employees under his supervision on this job: 4 employees
4. Name of immediate supervisor of employee directly in charge: Clay Price
5. Location and brief description of work: Renewing 4" gathering lines in Center Storage Field
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: Working in open field so no work area protection required
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: Hard hat and gloves being worn
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: Not Applicable
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
Backhoe operators had on hard hats and seatbelts
12. Apparent hazards not being guarded against by crew: _____
None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: _____
None
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

November 17, 2003

Date of Audit

Frank Newton
Safety and Technical Training Consultant
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Southern PipelineEcken Technical Services
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: David Spencer
3. Names of employees under his supervision on this job: various
4. Name of immediate supervisor of employee directly in charge: Dave Spencer, Syl Iannone
5. Location and brief description of work: lower of 12 HP gas main on Moody Lane
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: _____
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

November 3, 2003

Date of Audit

Larry Dodson Safety and Technical Training
Consultant

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Ecken Technical Services
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Syl Iannone
3. Names of employees under his supervision on this job: Southern Pipeline
4. Name of immediate supervisor of employee directly in charge: Pat Ecken
5. Location and brief description of work: Moody Ln. Lowering of 12 inch HP gas main
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All employees were wearing hard hats, safety glasses, gloves and traffic vest
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: Manned fire extinguisher positioned properly during tie-in
12. Apparent hazards not being guarded against by crew: _____
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

November 25, 2003

Date of Audit

Larry Dodson Safety and Technical Training
Consultant

Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: EOC Townsend
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Elmer Goldsmith
3. Names of employees under his supervision on this job: Frank Wick
4. Name of immediate supervisor of employee directly in charge: Elmer Goldsmith
5. Location and brief description of work: EOC - Training Building
Room 100
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO ☐ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO ☐ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO ☐
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO ☐
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☐ NO ☐
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☐ NO ☐ Describe: N/A
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: ☐ Poor: ☐
14. Recommendations or Suggestions: Hold Safety Meeting for
70 Foresters - Safety Hazard
15. Audit results discussed with employee in charge: YES ☒ NO ☐

11-10-03
Date of Audit

Mike Gibson
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ Maysville Line / Service Crew
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Brian Menke Line Supervisor A
3. Names of employees under his supervision on this job: Troy Bess, Artie Engnes, Bob Chamblin
4. Name of immediate supervisor of employee directly in charge: Jerry Thornsburg
5. Location and brief description of work: Augusta KY, Relocate single phase dead end pole at customer residence. Set new 45' pole, hang transformer, transfer wire, and remove old material.
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: Crew was familiar with area and had print that morning.
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: Conducted by Brian Menke.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____ Describe: Majority of job was off of roadway, but removal of materials required crew to work in roadway. While in roadway work signs were set out each way, along with flashing lights and cones. Chocks in use.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____ Describe: All PPE was being utilized by all crew members during job.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____ Describe: Hoses and blankets were used on primary and primary neutral during pole setting and wire transfer.
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: Rubber gloves and sleeves used while setting pole.
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES ☒ NO _____ Material handler and digger truck load hooks had safety keepers on.
16. Audit results discussed with employee in charge: YES ☒ NO _____ Good communication and good job.

November 17, 2003
Date of Audit

Tim D. Hatchett
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: X Fishel
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Joe Nalley -- Foreman
3. Names of employees under his supervision on this job: 4 Employees
4. Name of immediate supervisor of employee directly in charge: Randy Ginn
5. Location and brief description of work: Summit Ridge Subdivision -- Installing gas mains joint trench
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: Not Applicable - None Traffic Area - Working off of the roadway.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: Hardhat, gloves, safety glasses and traffic vest
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES _____ NO X Describe: _____
Backhoe operator did not have on seatbelt.
12. Apparent hazards not being guarded against by crew: _____
None
13. Overall Safety Rating of Crew: Good: _____ Fair: X Poor: _____
14. Recommendations or Suggestions: Discussed with the operator to put seatbelt on but was shown that the seatbelt was defective. Called Johnny Ward at Fishel telling him about the defective seatbelt and that it needed fixing.
15. Are all safety devices in working order? YES _____ NO X _____
Backhoe Seatbelt
16. Audit results discussed with employee in charge: YES X NO _____

November 3, 2003
Date of Audit

Frank Newton
Safety and Technical Training Consultant
Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: ✓ EOC ✓
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Elmer Goldsm
3. Names of employees under his supervision on this job: _____
4. Name of immediate supervisor of employee directly in charge: Elmer
5. Location and brief description of work: ~~Highway~~ Shelbyville Rd
6. Job Planning (Scouting, etc.): All Proper YES ✓ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ✓ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ✓ NO _____
Describe: Vest!
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ✓ NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: None
11. Other Equipment and Procedures: All Proper YES ✓ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ✓ Fair: _____ Poor: _____
14. Recommendations or Suggestions: Stay focused on traffic safety
15. Audit results discussed with employee in charge: YES ✓ NO _____

Great / safe work
Oct-10
Date of Audit

Mike Gibson
Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: ✓ "EOC" - Formal
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Steve Boyer
3. Names of employees under his supervision on this job: Steve is Pikes Safety
4. Name of immediate supervisor of employee directly in charge: Rep. Kevin Walker
5. Location and brief description of work: EOC - Other area
6. Job Planning (Scouting, etc.): All Proper YES ✓ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ✓ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ✓ NO _____ Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES _____ NO _____
Describe: talked to Steve about Employee's wearing
seat Belts -
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ✓ NO _____ Describe: _____
11. Other Equipment and Procedures: All Proper YES NA NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: Process Planned
13. Overall Safety Rating of Crew: Good: ✓ Fair: _____ Poor: _____
14. Recommendations or Suggestions: Add Good Dece Driving Habits
to each tailgate
15. Audit results discussed with employee in charge: YES ✓ NO _____

Oct-28TH
Date of Audit

Mike Gibson
Employee Performing Audit

ENERGY DELIVERY Equipment Safety Audit

Equipment #: 515 **Location:** East Service Center **Date:** October 2, 2003
Equip. Make: Hycal **Equip. Type:** Cable Puller Tensioner **Operator:** _____

Items Checked	Acceptable		Comments
	Yes	No	
CONDITIONS			
Doors (Cab & Bins)	N/A		
Glass (Windshield, Doors, Rear)	N/A		
Towing ring, Safety chains	XX		
Pins, Knobs		XX	MAKESHIFT KNOB ON TORQUE CONTROL
Running Boards	N/A		
Bumpers (Front & Rear) & Grill	N/A		
Steps	XX		
Boom/bucket	N/A		
Outriggers	N/A		
Winch Lines	N/A		
Lights - Front (Headlights, Parking, etc.)	N/A		
Lights - Rear (Brake, Backup, Tail, etc.)	N/A		
Marker Lights & Spot Light	XX		
Tires (Tread & Air Pressure)	XX		
Safety Devices	XX		
Welds, bolts and rivets	XX		
Wiring harness, trailer connectors	XX		
Seats	XX		
Seat Belts	N/A		
Horn	N/A		
Mechanical Condition (Steering, Brakes, etc.)	XX		
Suspension	XX		
Fire Extinguisher	N/A		
Gauges, controls		XX	LABELS ON CONTROLS ILLEGIBLE
Decals	XX		
Safety Latch on Hooks	XX		
Chocks Available	N/A		
Tool Guards In Place	N/A		

Inspected By: Doug Mullins

ENERGY DELIVERY Equipment Safety Audit

Equipment #: 59J Location: East Service Center Date: October 2, 2003

Equip. Make: PLTEN Equip. Type: Wire tensioner Operator: _____

Items Checked	Acceptable		Comments
	Yes	No	
CONDITIONS			
Doors (Cab & Bins)	N/A		
Glass (Windshield, Doors, Rear)	N/A		
Towing ring, Safety chains			
Pins, Knobs	XX		
Running Boards	XX		
Bumpers (Front & Rear) & Grill	N/A		
Steps	XX		
Boom/bucket	N/A		
Outriggers	N/A		
Winch Lines	N/A		
Lights - Front (Headlights, Parking, etc.)	N/A		
Lights - Rear (Brake, Backup, Tail, etc.)	N/A		
Marker Lights & Spot Light	XX		
Tires (Tread & Air Pressure)	XX		
Safety Devices	XX		
Welds, bolts and rivets	XX		
Wiring harness, trailer connectors	XX		
Seats	XX		
Seat Belts	N/A		
Horn	N/A		
Mechanical Condition (Steering, Brakes, etc.)	N/A		
Suspension	XX		
Fire Extinguisher		XX	EXTINGUISHER NOT CHARGED AND OUT OF INSPECTION
Gauges, controls	XX		
Decals	XX		
Safety Latch on Hooks		XX	BROKEN LATCH ON SAFETY CHAIN
Chocks Available	N/A		
Tool Guards In Place	N/A		

Inspected By: Doug Mullins

ENERGY DELIVERY Equipment Safety Audit

Equipment #: 55E Location: East Operation Center Date: October 2, 2003

Equip. Make: Brewer Equip. Type: Wire Tensioner Operator: _____

Items Checked	Acceptable		Comments
	Yes	No	
CONDITIONS			
Doors (Cab & Bins)	N/A		
Glass (Windshield, Doors, Rear)	N/A		
Towing ring, Safety chains	XX		
Pins, Knobs	XX		
Running Boards	N/A		
Bumpers (Front & Rear) & Grill	N/A		
Steps	XX		
Boom/bucket	N/A		
Outriggers	N/A		
Winch Lines	N/A		
Lights - Front (Headlights, Parking, etc.)	N/A		
Lights - Rear (Brake, Backup, Tail, etc.)	N/A		
Marker Lights & Spot Light	XX		
Tires (Tread & Air Pressure)	XX		Tires in good condition
Safety Devices	XX		
Welds, bolts and rivets	XX		
Wiring harness, trailer connectors	XX		
Seats	XX		
Seat Belts	N/A		
Horn	N/A		
Mechanical Condition (Steering, Brakes, etc.)	N/A		
Suspension	XX		
Fire Extinguisher	N/A		
Gauges, controls	XX		All gauges clearly marked
Decals	XX		
Safety Latch on Hooks	XX		
Chocks Available			None seen
Tool Guards In Place	XX		
Other		XX	Small hydraulic leak

Inspected By: Doug Mullins

ENERGY DELIVERY Equipment Safety Audit

Equipment #: 93b **Location:** EAST SERVICE CENTER **Date:** October 2, 2003
Equip. Make: OHAWA **Equip. Type:** WIRE REEL HAULER **Operator:** _____

Items Checked	Acceptable		Comments
	Yes	No	
CONDITIONS			
Doors (Cab & Bins)	N/A		
Glass (Windshield, Doors, Rear)	N/A		
Towing ring, Safety chains	XX		
Pins, Knobs		XX	GALAVANIZED CARRIGE BOLTS USED AS PINS
Running Boards			
Bumpers (Front & Rear) & Grill	N/A		
Steps	N/A		
Boom/bucket	N/A		
Outriggers	N/A		
Winch Lines	N/A		
Lights - Front (Headlights, Parking, etc.)	N/A		
Lights - Rear (Brake, Backup, Tail, etc.)	N/A		
Marker Lights & Spot Light	XX		
Tires (Tread & Air Pressure)	XX		
Safety Devices	N/A		
Welds, bolts and rivets	XX		
Wiring harness, trailer connectors	XX		
Seats	N/A		
Seat Belts	N/A		
Horn	N/A		
Mechanical Condition (Steering, Brakes, etc.)	XX		
Suspension	XX		
Fire Extinguisher	N/A		
Gauges, controls	XX		
Decals	XX		
Safety Latch on Hooks	XX		
Chocks Available	N/A		
Tool Guards In Place	N/A		

Inspected By: Dee M. Little

Energy Delivery Work Safety Audit



1. Crew: KU: ☒ LGE: _____ Contractor: _____ Morganfield (Earlington Operations)
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Danny Luck, Supervisor A
3. Names of employees under his supervision on this job: Rodney Robinson
4. Name of immediate supervisor of employee directly in charge: Tim Lyons
5. Location and brief description of work: Sturgis and Morganfield, service work
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
Working alone
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: Cones used when set up on roadway temporary
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: We discussed using low voltage gloves
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES _____ NO ☒

October 30, 2003

Date of Audit

Doug Mullins

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Hayes Testing Labortory
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Willie Fowler
3. Names of employees under his supervision on this job: Chris
4. Name of immediate supervisor of employee directly in charge: Syl Iannone
5. Location and brief description of work: X-Ray of 12 welds
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES x NO _____
Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES _____ NO xx
Describe: Infomed them to put hard hats on corrected on job
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES x NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: _____
13. Overall Safety Rating of Crew: Good: _____ Fair: x Poor: _____
14. Recommendations or Suggestions: Reminded them to continue to wear hard hats on construction job
15. Are all safety devices in working order? YES x NO _____
16. Audit results discussed with employee in charge: YES x NO _____

November 3, 2003

Date of Audit

Larry Dodson Safety and Technical Training
Consultant

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: X Trinity Underground Construction
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: David Rule - Foreman Justin Burris - Foreman LG&E
3. Names of employees under his supervision on this job: Luke Powers, Chris Gruse and Leon Scott
4. Name of immediate supervisor of employee directly in charge: Clay Priced
5. Location and brief description of work: Center Storage Field - Replacement of 1500' of 12" steel pipe and 800' of 4" steel pipe.
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: Hard hat and gloves
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
Housekeeping around construction area very good
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO _____
Track hoe had all safety devices
16. Audit results discussed with employee in charge: YES X NO _____

November 26, 2003
Date of Audit

Frank Newton
and Technical Training Consultant
Employee Performing Audit

Safety

1. Crew: KU: LGE: Contractor: ✓ 1001777
Crew Reporting Location or Name of Contractor

2. Name and class of employee directly in charge of work: Steve Bryant

3. Names of employees under his supervision on this job: Severin / David Harrison

4. Name of immediate supervisor of employee directly in charge: Steve Bryant

5. Location and brief description of work: Formal and EOC

6. Job Planning (Scouting, etc.): All Proper YES ✓ NO Describe:

7. Job Briefing (Tailboard Conf., etc.): All Proper YES ✓ NO Describe:

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ✓ NO
Describe: Remove Police, From the Port of entry /
at New Zealand

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ✓ NO
Describe:

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
Describe: N/A

11. Other Equipment and Procedures: All Proper YES ✓ NO Describe:

12. Apparent hazards not being guarded against by crew: None

13. Overall Safety Rating of Crew: Good: ✓ Fair: Poor:

14. Recommendations or Suggestions: Formal Review / Steve is doing
More on the Road Hauling work

15. Audit results discussed with employee in charge: YES ✓ NO
Good work

Mike Gibson
Employee Performing Audit

12. Apparent hazards not being guarded against by crew: None

13. Overall Safety Rating of Crew: Good: X Fair: Poor:

14. Recommendations or Suggestions: None

15. Are all safety devices in working order? YES X NO All devices on fo
good working order. A pre-trip inspection sheet on forklift had been completed and viewed.

16. Audit results discussed with employee in charge: YES NO X Did speak to one
crew members about good use of PPE while loading materials.

October 21, 2003

Date of Audit

Tim D. Hatchett

Employee Performing Audit

Reisert, Marcia

From: Hatchett, Timothy
Sent: Thursday, October 16, 2003 5:16 PM
To: Reisert, Marcia
Subject: Safety Audit Form.xlsPville.xls

Energy Delivery Work Safety Audit

1. **Crew:** **KU:** X **LGE:** **Contractor:** Line/Service crew Pineville Complex
Crew Reporting Location or Name of Contractor
2. **Name and class of employee directly in charge of work:** Charles Rice Jones Line Supervisor B
3. **Names of employees under his supervision on this job:** David Capps, Brian Roberts, James Mullins
4. **Name of immediate supervisor of employee directly in charge:** Cecil Jackson
5. **Location and brief description of work:** Pineville - Set 30' pole, pull in #2 triplex service for new
6. **Job Planning (Scouting, etc.): All Proper** **YES** X **NO** **Describe:** Crew received work that morning and loaded materials.
7. **Job Briefing (Tailboard Conf., etc.): All Proper** **YES** X **NO** **Describe:** Conductor Supervisor.
8. **Work Area Protection (Signs, Flags, Cones, etc.): All Proper** **YES** X **NO**
Describe: Cones, flashing lights, signs in use.
9. **Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper** **YES** X
Describe: All PPE needed was in use including low voltage gloves at take off pole.
10. **Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper** **YES** X **NO**
Describe: Hose and blanket used at take off pole.
11. **Other Equipment and Procedures: All Proper** **YES** X **NO** **Describe:** Good communication while setting pole.

10/17/2003

12. Apparent hazards not being guarded against by crew: None

13. Overall Safety Rating of Crew: Good: X Fair: Poor:

14. Recommendations or Suggestions: None

15. Are all safety devices in working order? YES X NO Everything seen
in good working order.

16. Audit results discussed with employee in charge: YES NO X Had to leave bel
job complete.

October 8, 2003

Date of Audit

Tim D. Hatchett ✓

Employee Performing Audit

Reisert, Marcia

From: Tucker, Timothy (KU)
Sent: Wednesday, November 05, 2003 10:33 AM
To: Reisert, Marcia
Subject: New Audit Form.xls

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ LEXINGTON CONSTRUCTION
Crew Reporting Location or Name of Contract
2. Name and class of employee directly in charge of work: DON GABBARD
3. Names of employees under his supervision on this job: MIKE WOODS, BRYAN GIFFORD, JOE LONG
4. Name of immediate supervisor of employee directly in charge: T. MORRISON
5. Location and brief description of work: DE-ENERGIZE AND GROUND ONE PHASE ON THE DIST. S
 ELLIOT
 CREW COULD REPAIR THE TRANS. & DIST. BURNED BY BROKEN GUYS AND REPLACE GUYS AT LEXINGTON GRE
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: THE OUT/
 PLANNED DUE TO AN ACCIDENT DURING THE NIGHT BEFORE
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: JOB WAS
 AND ASSIGNMENTS WERE GIVEN BEFORE WORK BEGAN
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
 Describe: A SECTION OF THE DRIVE WAS BLOCKED OFF WITH SIGNS AND CONES
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒
 Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
 Describe: OTHER PHASES WERE COVERED WHERE GROUND WAS APPLIED
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: GROUND
 APPLIED TO DE-ENERGIZED PHASE

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good: X Fair: Poor:

14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK

15. Are all safety devices in working order? YES X NO

16. Audit results discussed with employee in charge: YES X NO

October 24, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Fishel
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: E.O. Dennis
3. Names of employees under his supervision on this job: numerous Fishel employees
4. Name of immediate supervisor of employee directly in charge: _____
5. Location and brief description of work: River Road near Crestwood boring for new electric line
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
planned work
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
Job was in progress when I arrived. Good communication was taking place
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: excellent use of cones
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: All in use as required by all members
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
All equipment in use was proper
12. Apparent hazards not being guarded against by crew: none
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: This crew was doing an outstanding job. Everything was in order
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES _____ NO ☒

October 1, 2003

Date of Audit

Doug Mullins

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Hendrix Electric ✓
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Steve Hendrix (owner)
3. Names of employees under his supervision on this job: Josh
4. Name of immediate supervisor of employee directly in charge: David Lanham
5. Location and brief description of work: Hwy 70 near Madisonville preparing for highway move
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: Planned by engineering
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
I arrived after the job was already in progress. Good communication took place while I was there
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: Even though work was entirely off road, signs were placed
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All in use as required
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A All work new construction
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: We discussed replacing winch line hook with one with a safety latch
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES XX NO _____

October 6, 2003

Date of Audit

Doug Mullins

Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: ☒ Fisher
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: John Ward / R.C.
3. Names of employees under his supervision on this job: Seven
4. Name of immediate supervisor of employee directly in charge: John Ward
5. Location and brief description of work: High 42
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: vest being worn
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: NA
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
proper touching
12. Apparent hazards not being guarded against by crew: _____
None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: Stay Focused
15. Audit results discussed with employee in charge: YES ☒ NO _____

Oct-15
Date of Audit

Mike G. Brown
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ ELIZABETHTOWN
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: BRIAN STIRSMAN LSB
3. Names of employees under his supervision on this job: JOEY BOONE LSB
4. Name of immediate supervisor of employee directly in charge: MIKE YATES
5. Location and brief description of work: INSTALL UG SERVICES AND REPAIR LIGHT IN BARDSTOWN
COVER PRIMARY AND SECONDARIES FOR A DRILLING RIG ON HAWKINS STREET IN E-TOWN
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: SERVICES ORDER AND A TROUBLE CALL FROM CUSTOMER FOR THE LIGHT - COVER-UP REQUESTED BY CONTRACTOR
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: JOB WAS DISCUSSED AND WORK ASSIGNED BEFORE THEY BEGAN WORK
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: CONES, SIGNS WERE USED TO WORK ALONG THE SIDE OF THE STREET
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: HOSES AND WERE USED TO COVER THE PRIMARY AND NEUTRAL - ELBOW COVERS WERE USED ON THE PAD MOUNTED TRANSFORMERS
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: BUCKET TRUCK, VOLT METER, SHOTGUN STICK ECT. ALL PROPER
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____
CREW DID A GREAT JOB PROTECTING THEMSELVES AND THE PUBLIC

October 2, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

Reisert, Marcia

From: McBride, Keith

Sent: Monday, October 27, 2003 8:40 AM

To: Daniels, David; Sheridan, Kenneth; Reisert, Marcia

Subject: Safety Audit Form.xls

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXX Pike Electric / AOC
Crew Reporting Location or Name of Contract
2. Name and class of employee directly in charge of work: Jerry McPherson
3. Names of employees under his supervision on this job: N/A several crew members
4. Name of immediate supervisor of employee directly in charge: Bill Wood-LG&E / Zach Hale-Pike
5. Location and brief description of work: Grinstead and Cherokee Pwy / Broken 55' switch pole
6. Job Planning (Scouting, etc.): All Proper YES XXX NO _____ Describe: _____
All crews got together prior to stating job - good work
7. Job Briefing (Tailboard Conf., etc.): All Proper YES XXX NO _____ Describe: _____
Foreman held job briefing on site
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES XXX NO _____
Describe: Contract police / cones / Metro Works supplied barricades
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES XX
Describe: All in use
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
All grounds good / hold card placed at grounds

10/27/2003

12. Apparent hazards not being guarded against by crew: _____

None - Crews and foreman did a good job of scouting and holding briefing / good job !!

13. Overall Safety Rating of Crew: Good: XXX Fair: _____ Poor: _____

14. Recommendations or Suggestions: Hold card used at grounds - If a card is to be placed at the location of grounds, a notification type (white-blue) card should be used, not a red hold card. Red hold card for clearance on

15. Are all safety devices in working order? YES XXX NO _____
Inspected trucks / all good working order

16. Audit results discussed with employee in charge: YES XXX NO _____
Discussed with Foreman proper use of hold card. Pike may want to revisit and discuss with all crews where to use

October 24, 2003

Date of Audit

WK McBride

Employee Performing Audit

10/27/2003

Reisert, Marcia

From: Tucker, Timothy (KU)
 Sent: Friday, November 07, 2003 12:18 PM
 To: Williams, Archie; Philpot, John; Sheridan, Kenneth; Hines, Tom
 Cc: Gilbert, Jeffery O.
 Subject: William Campbell safety audit

*Safety in the box
 Part of the
 Audit*

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: x Contractor: _____ LG&E ENERGY SERVICES / TRANSMISSION
Crew Reporting Location or Name of Contract
2. Name and class of employee directly in charge of work: WILLIAM CAMPBELL INSPECTOR
3. Names of employees under his supervision on this job: ELLIOT CREW
4. Name of immediate supervisor of employee directly in charge: T HINES
5. Location and brief description of work: REPAIR DAMAGED WIRE AND REPLACE GUYS ON A TRAN
 STRUCTURE AT LEXINGTON GREEN SHOPPING CENTER. CORNER OF NEW CIRCLE & NICHOLASVILLE RD
6. Job Planning (Scouting, etc.): All Proper YES x NO _____ Describe: THE OUT/
 PLANNED DUE TO AN ACCIDENT DURING THE NIGHT BEFORE
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ? NO _____ Describe: _____
 WORK WAS IN PROGRESS WHEN WE ARRIVED
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES x NO _____
 Describe: A SECTION OF THE DRIVE WAS BLOCKED OFF WITH SIGNS AND CONES. TRAFFIC WAS ROUTED TH
 A PARKING LOT WITH NO PROBLEMS
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES x
 Describe: ALL PPE USED PROPERLY AND AS NEEDED. ELLIOT LINEMAN USED GLOVES & SLEEVES AND AN 8' :
 TO BRACKET GROUND A DISTRIBUTION WIRE. KU CREW HAD GROUNDED THE OTHER END
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES x NO _____
 Describe: DISTRIBUTION PHASES WERE COVERED WHERE GROUNDS WERE APPLIED
11. Other Equipment and Procedures: All Proper YES _____ NO x Describe: STATIC
 AS GROUND SOURCE CONTRARY TO KU OR LGE GROUNDING STANDARDS

11/11/2003

12. Apparent hazards not being guarded against by crew: IMPROPER GROUNDING - THE KU & LGE GRO
STANDARDS LISTS FOUR ACCEPTABLE GROUND SOURCES AND THE STATIC IS NOT INCLUDED

13. Overall Safety Rating of Crew: Good: Fair: Poor: X

14. Recommendations or Suggestions: OBTAIN COPIES OF THE GROUNDING STANDARDS AND FOLLOW. ST/
TO BE GROUNDED AS WELL AS A PHASE, NOT USED AS A GROUND SOURCE.

15. Are all safety devices in working order? YES X NO

16. Audit results discussed with employee in charge: YES NO THE CHANGES 1
TO BE MADE WERE DISCUSSED ON THE JOB. THE INSPECTOR COMPLIED BUT WAS NOT IN AGREEMENT.

October 24, 2003

Date of Audit

TIM TUCKER / JEFF GILBERT

Employee Performing Audit

Reisert, Marcia

From: Tucker, Timothy (KU)

Sent: Wednesday, November 05, 2003 2:24 PM

To: Reisert, Marcia; Sheridan, Kenneth

Subject: New Audit Form.xls

Energy Delivery Work Safety Audit

1. Crew: KU: LGE: x Contractor: LG&E ENERGY SERVICES / TRANSMISSION
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: WILLIAM CAMPBELL INSPECTOR
3. Names of employees under his supervision on this job: ELLIOT CREW
4. Name of immediate supervisor of employee directly in charge: T HINES
5. Location and brief description of work: REPAIR DAMAGED WIRE AND REPLACE GUYS ON A TRANSMISSION
STRUCTURE AT LEXINGTON GREEN SHOPPING CENTER. CORNER OF NEW CIRCLE & NICHOLASVILLE RD
6. Job Planning (Scouting, etc.): All Proper YES x NO Describe: THE OUTAGE WAS
PLANNED DUE TO AN ACCIDENT DURING THE NIGHT BEFORE
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ? NO Describe:
WORK WAS IN PROGRESS WHEN WE ARRIVED
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES x NO
Describe: A SECTION OF THE DRIVE WAS BLOCKED OFF WITH SIGNS AND CONES. TRAFFIC WAS ROUTED THROUGH
A PARKING LOT WITH NO PROBLEMS
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES x
Describe: ALL PPE USED PROPERLY AND AS NEEDED. ELLIOT LINEMAN USED GLOVES & SLEEVES AND AN 8' STICK
TO BRACKET GROUND A DISTRIBUTION WIRE. KU CREW HAD GROUNDED THE OTHER END
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES x NO
Describe: DISTRIBUTION PHASES WERE COVERED WHERE GROUNDS WERE APPLIED
11. Other Equipment and Procedures: All Proper YES NO x Describe: STATIC WAS
AS GROUND SOURCE CONTRARY TO KU OR LGE GROUNDING STANDARDS

11/6/2003

AS GROUND SOURCE CONTRARY TO KU OR LGE GROUNDING STANDARDS

12. Apparent hazards not being guarded against by crew: IMPROPER GROUNDING - THE KU & LGE GROUNDING STANDARDS LISTS FOUR ACCEPTABLE GROUND SOURCES AND THE STATIC IS NOT INCLUDED

13. Overall Safety Rating of Crew: Good: Fair: Poor: X

14. Recommendations or Suggestions: OBTAIN COPIES OF THE GROUNDING STANDARDS AND FOLLOW. STATIC TO BE GROUNDED AS WELL AS A PHASE, NOT USED AS A GROUND SOURCE.

15. Are all safety devices in working order? YES X NO

16. Audit results discussed with employee in charge: YES NO THE CHANGES TO BE MADE WERE DISCUSSED ON THE JOB. THE INSPECTOR COMPLIED BUT WAS NOT IN AGREEMENT.

October 24, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ SHELBYVILLE
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: MIKE SWIGERT LTA
3. Names of employees under his supervision on this job: PAT RADER LTA
4. Name of immediate supervisor of employee directly in charge: TRACY DRIVER
5. Location and brief description of work: INSTALL A NEW 15 KVA TRANSFORMER AND SERVICE FOR A NEW GARAGE AT 3440 ZARING MILL RD IN SHELBYVILLE
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
ENGINEERING PRINT
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
JOB WAS DISCUSSED AND WORK ASSIGNED BEFORE THEY BEGAN WORK
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: ALL WORK WAS OFF THE STREET
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: HOSES AND WERE USED TO COVER THE PRIMARY AND NEUTRAL
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
BUCKET TRUCK, VOLT METER, SHOTGUN STICK ECT. ALL PROPER
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____
CREW DID A GREAT JOB PROTECTING THEMSELVES

September 10, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

DRIVING SAFETY AUDIT

LOCATION: LEXINGTON

DATE: September 30, 2003

DRIVER: JOHN MATTMILLER

CLASSIFICATION: INSPECTOR AGE: OLD

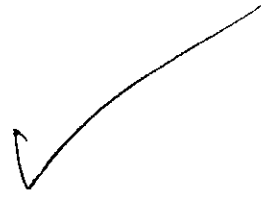
LENGTH OF SERVICE: _____

TYPE OF VEHICLE: 250 PICKUP

	YES	NO	REMARKS
A. Is Vehicle housekeeping okay?	X		CAB WAS CLEAN
B. Are mirrors in correct adjustment for driver?	X		
C. Is the seat adjusted for driver?	X		
DRIVING SKILLS	YES	NO	REMARKS
Did operator walk around vehicle before getting underway?	X		
Are restraining belts used?	X		
Smooth starts and stops?	X		
Attention to road signs?	X		
Is driver attentive?	X		
Observe posted speed limits?	X		
Good use of turn Signals?	X		
Use skill in passing? Lane changing?	X		
Good use of horn?			
Good use of mirrors?	X		
Does driver approach intersections safely?	X		
Does driver use good judgement in stopping at (1) traffic signals? (2) stop signs?	X		
Observe the proper distance when following?	X		
Good judgement in parking?	X		
Is Parking brake properly set?	X		
Proper gear selection and use? 1. Geared down when slowing or stopping? 2. Proper use of 2-speed axle?			
Was driver courteous to other drivers and pedestrians?	X		
Did driver drive defensively and display an overall good attitude?	X		JOHN IS AN EXCELLENT DRIVER

TIM TUCKER
AUDITOR

Energy Delivery Work Safety Audit



1. Crew: KU: ☒ LGE: _____ Contractor: _____ ELIZABETHTOWN
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: FRED LUCAS LSA
3. Names of employees under his supervision on this job: JOHN MATTINGLY LTA ART GREGORY LTA
4. Name of immediate supervisor of employee directly in charge: MIKE YATES
5. Location and brief description of work: CHANGE OUT OVERLOADED TRANSFORMER IN HODGENVILLE
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
SERVCEMAN HAD BEEN ON THE JOB EARLIER
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
JOB WAS DISCUSSED AND WORK ASSIGNED BEFORE THEY BEGAN WORK
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: CONES, SIGNS WERE USED TO WORK ALONG THE SIDE OF THE STREET
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: HOSES AND WERE USED TO COVER THE PRIMARY AND NEUTRAL
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
BUCKET TRUCK, VOLT METER, SHOTGUN STICK ECT. ALL PROPER
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____
CREW DID A GREAT JOB PROTECTING THEMSELVES AND THE PUBLIC

September 11, 2003
Date of Audit

TIM TUCKER
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ DANVILLE
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: WAYNE COMBS LSA
3. Names of employees under his supervision on this job: TIM JACKSON LSA MONTE MAJOR LSA
4. Name of immediate supervisor of employee directly in charge: ALAN LEWIS
5. Location and brief description of work: CHANGE OUT TRANSFORMER ON MAPLE AVE DUE TO OVERLOAD
IN DANVILLE
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: WORK WAS DONE
FROM A TROUBLE TICKET
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
JOB WAS DISCUSSED AND WORK ASSIGNED BEFORE THEY BEGAN WORK
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: CONES, SIGNS AND FLAGGER WERE USED TO WORK ALONG THE SIDE OF THE STREET
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: HOSES AND BLANKETS WERE USED TO COVER THE PRIMARY AND NEUTRAL
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
BUCKET TRUCK, VOLT METER, SHOTGUN STICK ECT. ALL PROPER
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____
DISCUSSED THE IMPORTANCE OF STAYING OUT OF THE LINE OF FIRE FROM A FUSE BARREL

September 15, 2003
Date of Audit

TIM TUCKER
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Townsend Tree service
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Guy Stone General Foreman
3. Names of employees under his supervision on this job: Bucket trimmer (Supervisor) and Groundman
4. Name of immediate supervisor of employee directly in charge: Guy Stone
5. Location and brief description of work: Richmond Ky. Trimming right of way on 3 phase line, ground
sawing and chipper work.
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: Crew had been
working in area past couple of days.
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: Tailboard completed
per supervisor.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: Crew had road signs out even though they were off roadway.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES _____ NO ☒
Describe: When arrived employee in bucket had no eye protection on. After questioning him, he mentioned he had
just dropped them in a brush pile. They were found before work started again.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: Chaps were in use
while using chainsaw on ground.
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: Always utilize eye protection.
15. Are all safety devices in working order? YES ☒ NO _____ Describe: Body harness in use
during bucket work. Everything else looked fine.
16. Audit results discussed with employee in charge: YES ☒ NO _____ Describe: Talked to general forman
and crew supervisor about the importance of eye protection, and that they are required.

September 2, 2003

Date of Audit

Tim D. Hatchett

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: LGE: X Contractor: Muldrough Station
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Charlie Roberts - Crew Leader
3. Names of employees under his supervision on this job: Steve Hamilton, Greg Board, Greg Whelan
4. Name of immediate supervisor of employee directly in charge: Steve Dowdle
5. Location and brief description of work: Mowing and weedeating Penile Line Right-of-way
6. Job Planning (Scouting, etc.): All Proper YES NO Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
Describe: None needed
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO
Describe: Bushhog operators were wearing their seatbelts. Person operating the weedeater had on safety glasses, gloves and ear plugs
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
Describe: N/A
11. Other Equipment and Procedures: All Proper YES NO Describe: None
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: Poor:
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES NO N/A
16. Audit results discussed with employee in charge: YES X NO

September 24, 2003
Date of Audit

Frank Newton
Safety and Technical Training Consultant
Employee Performing Audit

Reisert, Marcia

From: Sheridan, Kenneth
Sent: Friday, September 26, 2003 10:07 AM
To: Reisert, Marcia; Dodson, Larry; Gibson, Mike
Subject: Safety Audit Form 2.xls2003.xls

I feel that we do need to make a visit to Fishel to ensure that corrections are made...
 your thoughts?

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: X FISHEL
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Eugene Polley
3. Names of employees under his supervision on this job: various
4. Name of immediate supervisor of employee directly in charge: Nick Thompson (Inspector)
5. Location and brief description of work: Joint trench
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
 Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES XXX
 Describe: All personnel was wearign hard hats, safety glasses and gloves
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
 Describe: _____
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____

Installation procedures were proper

- 12. Apparent hazards not being guarded against by crew:** Spoil pile properly placed No ladder in hole corrected
Backhoe operator was not wearing seat belt Corrected on site , No ladder in hole corrected on site

13. Overall Safety Rating of Crew: Good: _____ Fair: X Poor: _____

14. Recommendations or Suggestions: _____

15. Are all safety devices in working order? YES X NO _____

16. Audit results discussed with employee in charge: YES X NO _____

September 24, 2003

Date of Audit

Larry Dodson Safety and Technical Training
Consultant

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: DANVILLE
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: LARRY DUNN LSB
3. Names of employees under his supervision on this job: JEREMY BOWEN LSB KENDALL MCCANE
4. Name of immediate supervisor of employee directly in charge: ALAN LEWIS
5. Location and brief description of work: CHANGE OUT TRANSFORMER AND SERVICE AT 150 SUNSET BLVD
IN MORELAND
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: WORK WAS DONE
FROM A ENGINEERING PRINT
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
JOB WAS DISCUSSED AND WORK ASSIGNED BEFORE THEY BEGAN WORK
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: JOB WAS OFF THE ROAD
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: HOSES AND BLANKETS WERE USED TO COVER THE PRIMARY AND NEUTRAL
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
BUCKET TRUCK, VOLT METER, SHOTGUN STICK ECT. ALL PROPER
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: KEEP UP GOOD SAFE WORK
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

August 26, 2003

Date of Audit

TIM TUCKER

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX FISHEL
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Eugene Polley
3. Names of employees under his supervision on this job: various
4. Name of immediate supervisor of employee directly in charge: Nick Thompson (Inspector)
5. Location and brief description of work: Joint trench
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES XXXXX NO _____
Describe: All personnel was wearign hard hats, safety glasses and gloves
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
Installation procedures were proper
12. Apparent hazards not being guarded against by crew: Spoil pile properly placed
No ladder in hole corrected on site
Backhoe operator was not wearing seat belt Corrected on site , No ladder in hole corrected on site
13. Overall Safety Rating of Crew: Good: _____ Fair: X Poor: _____
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

September 24, 2003

Date of Audit

Larry Dodson Safety and Technical Training
Consultant

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: X Fishel and Ecken Technical Services
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Randy Carter - Foreman Fishel
3. Names of employees under his supervision on this job: _____
4. Name of immediate supervisor of employee directly in charge: Andre Cheatham - Ecken Technical Services
5. Location and brief description of work: Kellerman Ave - Joint Trench
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: Proper signage was out and visible
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: Wearing hard hat, safety glasses and traffic vest
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES _____ NO X Describe: _____
Had them put a ladder in the excavation to get out safely
12. Apparent hazards not being guarded against by crew: Told backhoe operator before he started to move
he needed to put on his seat belt.
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: Anytime working in an excavation be sure to use a ladder to enter and exit
the excavation and wear seatbelts on the backhoes.
15. Are all safety devices in working order? YES _____ NO _____ N/A
16. Audit results discussed with employee in charge: YES X NO _____

September 24, 2003
Date of Audit

Frank Newton
Safety and Technical Training Consultant
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Ecken Technology Systems, Fishel
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Andre Cheatham (Ecken) Charlie Barnes (Fishel)
3. Names of employees under his supervision on this job: Various
4. Name of immediate supervisor of employee directly in charge: Bill Hunt
5. Location and brief description of work: Ledgewood Sub instalaltion of new 2" gas main
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: Hole near edge of raod plated, have called for additional advance warning signs and trench shield
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All personnel was wearing hard hats, safety glasses and traffic vest
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: N/A
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

September 24,2003

Date of Audit

Larry Dodson Safety and Technical Training
Consultant

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Fishel
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Mike Fulkerson
3. Names of employees under his supervision on this job: Various
4. Name of immediate supervisor of employee directly in charge: Greg Wyatt (LG&E Inspector)
5. Location and brief description of work: Indian Falls Sub instalation of new 4" gas main
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: All signs and cones in place
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All personnel was wearing hard hats, safety glasses and traffic vest
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: Used proper fusion techniques
12. Apparent hazards not being guarded against by crew: Excavation was 4 feet deep and had no ladder (Corrected on site)
13. Overall Safety Rating of Crew: Good: _____ Fair: X Poor: _____
14. Recommendations or Suggestions: The need of a ladder in excvations 4 feet or more needs to be re-enforced
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

September 24,2003

Date of Audit

Larry Dodson Safety and Technical Training
Consultant

Employee Performing Audit

Reisert, Marcia

From: Tucker, Timothy (KU)
 Sent: Friday, August 29, 2003 11:57 AM
 To: Reisert, Marcia
 Subject: Safety Audit.xls

Distribution Operations Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ SHELBYVILLE
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: TIM PROBUS LSB
3. Names of employees under his supervision on this job: D. BOWLDS, M. COLLINS, J. GLANCY, R. STAPLES
 D. DALTON
4. Name of immediate supervisor of employee directly in charge: BOB PRICE
5. Location and brief description of work: CHANGE OUT AN OVERLOADED PAD MOUNT TRANSFORMER THE
 TOWN & COUNTRY SUBDIVISION
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
 TRANSFORMER HAD GONE OUT THE NIGHT BEFORE
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
 JOB WAS DISCUSSED BEFORE WORK BEGAN
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
 Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
 Describe: ALL PPE USED PROPERLY AND AS NEEDED
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
 Describe: ELBOW COVERS USED TO PROTECT
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
 DERRICK TRUCK USED TO LIFT AND SET TRANSFORMERS. VOLTAGE DETECTOR, SHOTGUN STICK, VOLTMETER
12. Apparent hazards not being guarded against by crew: NONE

8/29/2003

13. Overall Safety Rating of Crew: Good: X Fair: Poor:

14. Recommendations or Suggestions: BEWARE OF THE HEAT AND HEAT RELATED PROBLEMS THAT CAN OCCUR.
TRY TO KEEP OIL OFF OF GLOVES AND SLEEVES. CLEAN OFF ASAP

15. Audit results discussed with employee in charge: YES X NO

August 28, 2003
Date of Audit

TIM TUCKER

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ Lexington Substation Maint. Crew
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Eric Dozier Substation Maint. Supervisor B
3. Names of employees under his supervision on this job: Tom Hutchinson, A.J. Green, Larry Roundtree
4. Name of immediate supervisor of employee directly in charge: David Rooney
5. Location and brief description of work: Water Works Sub. Lexington, Change out Distribution Breaker
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: Old Breaker
had failed the day before. Crew knew this work would take place following day.
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: Tailboard held by
Eric Dozier. Had documentation on job site.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: Had barricade tape around all like equipment.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: All PPE required needed was in use.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: Fiber insulating boards were in place over disconnects.
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: Hold cards applied
on both buse and line side disconnects, all phases. Rubber Gloves and sleeves used while removing and setting of breaker. All
trucks chocked.
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____ Good Job.

August 22, 2003

Date of Audit

Tim D. Hatchett

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: LGE: X Contractor: Magnolia Station
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Junie Riggs
3. Names of employees under his supervision on this job: J. D. Benningfield, Keith Blair, Wayne Van Riper
Nate Froggett
4. Name of immediate supervisor of employee directly in charge: Nathan Nash
5. Location and brief description of work: Setting the back-up amine pump for #1 Purifier with a backhoe
6. Job Planning (Scouting, etc.): All Proper YES NO Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO
Describe: Everyone working on the job had on hardhats and gloves
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
Describe:
11. Other Equipment and Procedures: All Proper YES X NO Describe:
Used the proper length sling and sling was in good condition
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: Poor:
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO
16. Audit results discussed with employee in charge: YES X NO

August 22, 2003
Date of Audit

Frank Newton Safety
and Technical Training Consultant
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: X Contractor: _____ Magnolia Station
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: David White
3. Names of employees under his supervision on this job: _____
4. Name of immediate supervisor of employee directly in charge: Nathan Nash
5. Location and brief description of work: Changing oil filter elements in #1 Engine oil filter
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: Area was taped off because of the plates in the floor being moved to get to filter
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: Had on hard hat and gloves when using overhead crane and safety glasses, hardhat and gloves when grinding on filter lid to clean sealing surface
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
Used the proper length sling to lift filter lid
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES _____ NO _____ N/A
16. Audit results discussed with employee in charge: YES X NO _____

August 22, 2003
Date of Audit

Frank Newton
and Technical Training Consultant
Employee Performing Audit

Safety

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: X Contractor: _____ Magnolia Station
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Junie Riggs
3. Names of employees under his supervision on this job: Nate Froggett
4. Name of immediate supervisor of employee directly in charge: Nathan Nash
5. Location and brief description of work: Setting new hydraulic pump on #1 Engine
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES _____ NO _____
Describe: N/A
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES _____ NO _____ Describe: N/A
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

August 22, 2003
Date of Audit

Frank Newton
and Technical Training Consultant
Employee Performing Audit

Safety

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: X Contractor: _____ Magnolia Station
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Tim Gary
3. Names of employees under his supervision on this job: Angela Nevitt
4. Name of immediate supervisor of employee directly in charge: Nathan Nash
5. Location and brief description of work: Draining the heat exchanger on #2 Purifier using an air driven pump
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES _____ NO _____
Describe: N/A
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES _____ NO _____ Describe: N/A
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES _____ NO _____ N/A
16. Audit results discussed with employee in charge: YES X NO _____

August 22, 2003
Date of Audit

Frank Newton
and Technical Training Consultant
Employee Performing Audit

Safety

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: ☒ Contractor: _____ Muldraugh Station
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Leroy Martin
3. Names of employees under his supervision on this job: Mike Burton
4. Name of immediate supervisor of employee directly in charge: Steve Dowdle
5. Location and brief description of work: Working on the North Gathering Line in Muldraugh Field
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: Leroy had on his hardhat, safety glasses and ear plugs while he was purging the line at the well head
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
Mike was unlocking and untagging all of the gathering line valves which had been locked during the replacement job.
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES _____ NO _____ N/A
16. Audit results discussed with employee in charge: YES ☒ NO _____

August 22, 2003
Date of Audit

Frank Newton
and Technical Training Consultant
Employee Performing Audit

Safety

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: ☒ Contractor: _____ Muldraugh Station
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Curt Richey
3. Names of employees under his supervision on this job: David Eads
4. Name of immediate supervisor of employee directly in charge: Dennis Probus
5. Location and brief description of work: Changing the filter elements on the dehydrator and dehydrator side filter
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: Both had on safety glasses and chemical gloves
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES _____ NO _____ Describe: N/A
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES _____ NO _____ N/A
16. Audit results discussed with employee in charge: YES ☒ NO _____

August 22, 2003

Date of Audit

Frank Newton
and Technical Training Consultant
Employee Performing Audit

Safety

Energy Delivery Work Safety Audit

1. Crew: KU: LGE: X Contractor: Muldrough Station
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Larry Despain
3. Names of employees under his supervision on this job: Duane Manska
4. Name of immediate supervisor of employee directly in charge: Dennis Probus
5. Location and brief description of work: Pulling compressor valves on #1 engine
6. Job Planning (Scouting, etc.): All Proper YES NO Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO
Describe: Both had on safety glasses and gloves
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
Describe: N/A
11. Other Equipment and Procedures: All Proper YES X NO Describe:
Engine was locked and tagged out
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: Poor:
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO
16. Audit results discussed with employee in charge: YES X NO

August 22, 2003
Date of Audit

Frank Newton
and Technical Training Consultant
Employee Performing Audit

Safety

Reisert, Marcia

From: McBride, Keith
Sent: Wednesday, August 20, 2003 8:53 AM
To: Sheridan, Kenneth; Claypool, Brian; Cutlip, Scott
Cc: Reisert, Marcia
Subject: Safety Audit Form.xls

Energy Delivery Work Safety Audit

605

1. **Crew:** **KU:** _____ **LGE:** XXX **Contractor:** _____ east Operations
Crew Reporting Location or Name of Contractor
2. **Name and class of employee directly in charge of work:** Terry Wheatly - Crew Leader
3. **Names of employees under his supervision on this job:** Dave Durbin - Crew Leader, Joe Boone, Tom B.
4. **Name of immediate supervisor of employee directly in charge:** Brian Claypool
5. **Location and brief description of work:** St. Matthews Ave and Massie Ave. - Repair / Replace drip
Main
6. **Job Planning (Scouting, etc.):** All Proper YES XXX NO _____ Describe: _____
All crew members got together prior to job to lay out job site
7. **Job Briefing (Tailboard Conf., etc.):** All Proper YES XXX NO _____ Describe: _____
Discussed traffic, depth of excavation etc.
8. **Work Area Protection (Signs, Flags, Cones, etc.):** All Proper YES XXX NO _____
Describe: large signs out on job - several cones
9. **Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.):** All Proper YES XXX
Describe: All PPE in use
10. **Cover-Up Equipment (hoses, Hoods, Blankets, etc.):** All Proper YES N/A NO _____
Describe: _____
11. **Other Equipment and Procedures:** All Proper YES XXX NO _____ Describe: _____
Depth of excavation determined that shoring was to be used - excavation was shored properly - ladder placement

8/20/2003

12. **Apparent hazards not being guarded against by crew:** Discussed with crew that truck placement could have been better - also discussed use of flagmen. Traffic flow on this job, did not warrant flagmen, just discussed the to
13. **Overall Safety Rating of Crew:** Good: XXX Fair: Poor:
14. **Recommendations or Suggestions:** Discuss with crew their fine job that day. Re-enforce the NO COMPROM message. (this is not the first time I have audited these crews - have never had an issue with these particular crew
15. **Are all safety devices in working order?** YES XXX NO Checked back-hoe dump truck, shoring box trailers (crew members were polite, joked and talked with customers on site)
16. **Audit results discussed with employee in charge:** YES XXX NO May not have known they were being audited but stayed on job site and discussed several issues

August 19, 2003

Date of Audit

WK McBride

Employee Performing Audit

Distribution Operations Work Safety Audit

AOC G.S.

1. Crew: KU: _____ LGE: ☒ Contractor: _____ Frank Smith
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Frank Smith Relief Troubleman
3. Names of employees under his supervision on this job: none
4. Name of immediate supervisor of employee directly in charge: Chris Cross
5. Location and brief description of work: 1300 Block of Magnolia St. Fire Department call for Gas personnel
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: Followed
all procedures on leak investigation and wore proper PPE was very confident in what he was doing
12. Apparent hazards not being guarded against by crew: _____
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None job well done
15. Audit results discussed with employee in charge: YES ☒ NO _____

August 18, 2003
Date of Audit

Larry Dodson Safety and Technical Training
Consultant
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ Earlington Operations Center (Morganfield)
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Danny Luck, Supervisor A
3. Names of employees under his supervision on this job: Craig Utley, Larry Boling
4. Name of immediate supervisor of employee directly in charge: Tim Lyons
5. Location and brief description of work: Jewel City, changing bad pole
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: Pole identified on WR
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: Danny discussed with the men how job was to be done.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: Work off road, none needed
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: All PPE in use as required
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: Neutrals covered, Phase covered and laid out
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: Good work procedure to lower neutral and layout phase wire away from work area
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: Stay focused on the work at hand
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

August 7, 2003
Date of Audit

Doug Mullins
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: X LGE: _____ Contractor: _____ Midway
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Glenn Buckman, Supervisor A
3. Names of employees under his supervision on this job: Bryan Stumbo, Mike Scott, Keith Branham
4. Name of immediate supervisor of employee directly in charge: Keith Evans
5. Location and brief description of work: Stilz Street Louisville
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
Planned job set up
7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO _____ Describe: _____
Glenn discussed plan for work with all of crew
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: Signs and cones, low speed traffic area
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ZX NO _____
Describe: All in use as required
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES X NO _____
Describe: All rubber goods in use as needed
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
Managed change in job after disconnect failed
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: Good work
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

August 3, 2003
Date of Audit

Doug Mullins
Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: ☒ LGE: _____ Contractor: _____ Midway
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Glenn Buckman Supervisor A
3. Names of employees under his supervision on this job: Bryan Stumbo, Michael Scott, Keith Branham
4. Name of immediate supervisor of employee directly in charge: Keith Evans
5. Location and brief description of work: Joy Ave, Louisville. Repairing downed line
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: Checked Job
thoroughly before beginning
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
Glenn covered all items very well
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO _____
Describe: Cones used, Low traffic side street
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: All PPE used as required
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: Line deenergized and disconnected from all sources.
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
Good safety procedures
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

August 2, 2003

Date of Audit

Doug Mullins

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: XX LGE: _____ Contractor: Earlington Operations (Morganfield)
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Dwight Swift, STA
3. Names of employees under his supervision on this job: none
4. Name of immediate supervisor of employee directly in charge: Danny Luck
5. Location and brief description of work: Repair line damaged by crane at Henderson Riverport
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: Unplanned job,
7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO _____ Describe: working alone, however Dwight explained to me how he was going to do this work
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____ Describe: None needed
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____ Describe: All in use as required
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES X NO _____ Describe: None needed
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: Hot line hoist, hot line jumper, used, chocks
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO _____ Describe: Hydraulic valve working correctly, parking brake, PTO cutout all working correctly
16. Audit results discussed with employee in charge: YES X NO _____

August 28, 2003

Date of Audit

Doug Mullins

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: X LGE: _____ Contractor: _____ Earlington SCM
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Robert Josey, Supervisor B
3. Names of employees under his supervision on this job: Kenny Laffoon, Gary Branson
4. Name of immediate supervisor of employee directly in charge: Alan Buckner
5. Location and brief description of work: Sturgis Substation, Changing transformer
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
Unplanned job. Storm outage
7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO _____ Describe: _____
Several were held as the job progressed and changed
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: cones around vehicles near roadway, barrier tape near to mark nearby energized bay
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All in use as required
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES X NO _____
Describe: None needed
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
Grounds installed properly, Hold Cards used properly
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: Excellent work in difficult situations
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

August 28, 2003

Date of Audit

Doug Mullins

Employee Performing Audit

quest

Crew Reporting Location or Name of Contractor

Mike Byrum Lead Network Tech

John Book

Darryl Evans

Change out bad pad mount transformers in Louisville

YES **X**

NO

Describe:

YES **X**

NO

Describe:

Mike described set up and his plan for completing the work to both John and KU crew that was helping

All Proper

YES **X**

NO

Describe: Cones and signs used.

& Sleeves, E

YES X

NO

Describe: All PPE in use as required

c.): All Proper

YES **X**

NO

Describe:

YES **X**

NO

Describe:

URD grounded at Lateral pole and checked at transformer

NONE

Good: X

Fair:

Poor:

14. Recommendations or Suggestions:

YES **X**

NO

YES **X**

NO

Date of Audit

Employee Performing Audit

Reisert, Marcia

From: McBride, Keith
Sent: Wednesday, August 20, 2003 9:01 AM
To: Sheridan, Kenneth; Seay, John; Guy, David
Cc: Reisert, Marcia
Subject: Safety Audit Form.xls

Energy Delivery Work Safety Audit

quest

1. Crew: KU: _____ LGE: XXX Contractor: _____ AOC _____
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Randy McNutt
3. Names of employees under his supervision on this job: N/A
4. Name of immediate supervisor of employee directly in charge: John Seay
5. Location and brief description of work: St. Matthews ave and Shelbyville Rd
service burnt and firing up / FD on scene
6. Job Planning (Scouting, etc.): All Proper YES XXX NO _____ Describe: _____
Self
7. Job Briefing (Tailboard Conf., etc.): All Proper YES XXX NO _____ Describe: _____
Self / discussed with me what he was going to do
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES XXX NO _____
Describe: several cones although truck was basically off or out of the driving lane
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES XXX
Describe: All PPE in use
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES XXX NO _____
Describe: used to protect building etc
11. Other Equipment and Procedures: All Proper YES XXX NO _____ Describe: _____
Discussed issues with customer / polite and well explained

12. Apparent hazards not being guarded against by crew: None

13. Overall Safety Rating of Crew: Good: XXX Fair: Poor:

14. Recommendations or Suggestions: Re-enforce NO COMPROMISE message

15. Are all safety devices in working order? YES XXX NO appeared that all
working fine on truck / lineman stated that unit was ok

16. Audit results discussed with employee in charge: YES NO XXX
May not have known this was a job audit

August 19, 2003

Date of Audit

WK McBride

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX Hendrix Electric
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: J.R. Wix Foreman
3. Names of employees under his supervision on this job: Mike and Michael
4. Name of immediate supervisor of employee directly in charge: Steve Hendrix
5. Location and brief description of work: Sturgis Substation changing transformer
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
Unplanned job, storm outage
7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO _____ Describe: _____
Several were held during the job as it progressed and changed
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A all work off road
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All proper as required
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
All equipment deenergized, grounded and tagged
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES _____ NO X _____
I had to leave job unexpectedly

August 28, 2003

Date of Audit

Doug Mullins

Employee Performing Audit

Energy Delivery Work Safety Audit



1. Crew: KU: _____ LGE: _____ Contractor: XXXX ETI (Earlington SCM)
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Roy Groves
3. Names of employees under his supervision on this job: Stan, Michael
4. Name of immediate supervisor of employee directly in charge: _____
5. Location and brief description of work: Sturgis Substation changing transformer due to storm
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
Unplanned work, storm outage
7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO _____ Describe: _____
Several were held as job progressed and changed
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All in use as required
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A none were needed, all work deenergized and grounded
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
Grounds and tags used correctly (working under direction of KU crew)
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES _____ NO X

August 28, 2003

Date of Audit

Doug Mullins

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: XXXX OPS (Earlington SCM)
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Ed Bevell
3. Names of employees under his supervision on this job: None
4. Name of immediate supervisor of employee directly in charge: Alan Buckner
5. Location and brief description of work: Moving material with forklift
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: none needed working alone
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES _____ NO _____
Describe: All PPE in use as required
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: Eddie was operating in a safe manner, at proper speed, and under control
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: ☒ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES ☒ NO _____
16. Audit results discussed with employee in charge: YES ☒ NO _____

August 12, 2003
Date of Audit

Doug Mullins
Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: ✓ Elliot EOC
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Former
3. Names of employees under his supervision on this job: NA - storm work
4. Name of immediate supervisor of employee directly in charge: Don Lowery
5. Location and brief description of work: Replacing broken primary
gas in St Matthews
6. Job Planning (Scouting, etc.): All Proper YES ✓ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ✓ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ✓ NO _____ Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ✓ NO _____ Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ✓ NO _____ Describe: _____
11. Other Equipment and Procedures: All Proper YES ✓ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: None / break work
13. Overall Safety Rating of Crew: Good: ✓ Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Audit results discussed with employee in charge: YES ✓ NO _____

Aug 5 - 03
Date of Audit

Mike Gibson
Employee Performing Audit

Reisert, Marcia

From: McBride, Keith
Sent: Wednesday, August 20, 2003 9:13 AM
To: Sheridan, Kenneth; Seay, John; Guy, David; Daniels, David
Cc: Reisert, Marcia
Subject: Safety Audit Form.xls

Energy Delivery Work Safety Audit

1. **Crew:** KU: _____ LGE: _____ Contractor: XXX AOC
Crew Reporting Location or Name of Contractor
2. **Name and class of employee directly in charge of work:** D. Mosses Pike electric / Foreman
3. **Names of employees under his supervision on this job:** did not ask - N/A
4. **Name of immediate supervisor of employee directly in charge:** John Seay / David Daniels
5. **Location and brief description of work:** 109 Chenoweth lane at rail road tracks
replace c-phase ULB switch
6. **Job Planning (Scouting, etc.): All Proper** **YES** XXX **NO** _____ **Describe:** Foreman di
with crew truck placement, jumpers PD for traffic
7. **Job Briefing (Tailboard Conf., etc.): All Proper** **YES** XXX **NO** _____ **Describe:** _____
Self / discussed with me what he was going to do
8. **Work Area Protection (Signs, Flags, Cones, etc.): All Proper** **YES** XXX **NO** _____
Describe: large signs, several cones, use of traffic PD
9. **Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper** **YES** XXX
Describe: All PPE in use
10. **Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper** **YES** XXX **NO** _____
Describe: several blankets and hoses in use
11. **Other Equipment and Procedures: All Proper** **YES** XXX **NO** _____ **Describe:** _____
Truck grounded-ok

12. Apparent hazards not being guarded against by crew: None

13. Overall Safety Rating of Crew: Good: XXX Fair: Poor:

14. Recommendations or Suggestions: Re-enforce NO COMPROMISE message
(also, crew answered questions from passing customer - polite) - good job

15. Are all safety devices in working order? YES XXX NO appeared that all
working fine on truck / Foreman stated that all was ok

16. Audit results discussed with employee in charge: YES NO XXX
May not have known this was a job audit

August 19, 2003

Date of Audit

WK McBride

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: xxxxx Fishel
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: James Wilson
3. Names of employees under his supervision on this job: Roger Watson
4. Name of immediate supervisor of employee directly in charge: Jeff Wilson
5. Location and brief description of work: 1506 Bostwick Ln.
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: Cones
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES X NO _____
Describe: Circuits checked, grounded, tested
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: N/A
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

August 26, 2003

Date of Audit

Joe Welsh

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: X Contractor: xxxxx Fishel
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Jeff Justice
3. Names of employees under his supervision on this job: Jeff Harris
4. Name of immediate supervisor of employee directly in charge: Jeff Justice
5. Location and brief description of work: 1506 Bostwick Ln.
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: Cones
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES X NO _____
Describe: Circuits checked, grounded, tested
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: N/A
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

August 26, 2003

Date of Audit

Joe Welsh

Employee Performing Audit

Energy Delivery Work Safety Audit



1. Crew: KU: _____ LGE: _____ Contractor: X Southern Pipeline
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Marvin Thompson
3. Names of employees under his supervision on this job: Various
4. Name of immediate supervisor of employee directly in charge: Steve Dowdle
5. Location and brief description of work: Working on the North Gathering Line in Muldraugh Field
6. Job Planning (Scouting, etc.): All Proper YES _____ NO _____ Describe: N/A
7. Job Briefing (Tailboard Conf., etc.): All Proper YES _____ NO _____ Describe: N/A
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO _____
Describe: N/A
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: All employees had on hardhats
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
The 3 backhoe operators had on hardhats and seatbelts
12. Apparent hazards not being guarded against by crew: None
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: None
15. Are all safety devices in working order? YES _____ NO _____ N/A
16. Audit results discussed with employee in charge: YES X NO _____

August 22, 2003

Date of Audit

Frank Newton

and Technical Training Consultant

Employee Performing Audit

Safety

Energy Delivery Work Safety Audit



1. Crew: KU: _____ LGE: _____ Contractor: xxxxx Fishel
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Bobby Harris
3. Names of employees under his supervision on this job: Korbin Burnell
4. Name of immediate supervisor of employee directly in charge: Bobby Harris
5. Location and brief description of work: Hurstbourne Glen New Underground primary services installation
6. Job Planning (Scouting, etc.): All Proper YES X NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO _____
Describe: Cones
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES X NO _____
Describe: Circuits checked, grounded, tested
11. Other Equipment and Procedures: All Proper YES X NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: N/A
13. Overall Safety Rating of Crew: Good: X Fair: _____ Poor: _____
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES X NO _____
16. Audit results discussed with employee in charge: YES X NO _____

August 26, 2003

Date of Audit

Joe Welsh

Employee Performing Audit

Energy Delivery Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: X FISHel
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: JEFF JUSTICE / JEFF HARRIS
3. Names of employees under his supervision on this job: JEFF JUSTICE HARRIS
4. Name of immediate supervisor of employee directly in charge: JEFF JUSTICE
5. Location and brief description of work: 1506 BOSTWICK LN.
TRANSFORMER OFF PAD
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO ☐ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☐ NO ☐ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ☒ NO ☐ Describe: _____
9. Personal Protective Equipment (Hardhat, Gloves, Sleeves, Eyewear, etc.): All Proper YES ☒ NO ☐ Describe: AND VESTS
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☐ NO ☐ Describe: N/A
11. Other Equipment and Procedures: All Proper YES ☒ NO ☐ Describe: _____
12. Apparent hazards not being guarded against by crew: N/A
13. Overall Safety Rating of Crew: Good: ☒ Fair: ☐ Poor: ☐
14. Recommendations or Suggestions: _____
15. Are all safety devices in working order? YES ☒ NO ☐
16. Audit results discussed with employee in charge: YES ☒ NO ☐

8-14-03

Date of Audit

[Signature]
Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: AOC Q:ea
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: AAA Steam west
3. Names of employees under his supervision on this job: _____
4. Name of immediate supervisor of employee directly in charge: Repair broken pipe
5. Location and brief description of work: Lexington Rd
6. Job Planning (Scouting, etc.): All Proper YES ☒ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ☒ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _____ NO ☒
Describe: NO cones - on busy Rd.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ☒ NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ☒ NO _____
Describe: _____
11. Other Equipment and Procedures: All Proper YES ☒ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: more effective
Emergency control - I explored more effective
13. Overall Safety Rating of Crew: Good: _____ Fair: ☒ Poor: _____
Process
14. Recommendations or Suggestions: Take The Time
to do it SAFE
15. Audit results discussed with employee in charge: YES ☒ NO _____

Aug 13
Date of Audit

Mike Gibson
Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: ✓ AOC *D: ce*
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: ~~John~~ John Ashton
3. Names of employees under his supervision on this job: _____
4. Name of immediate supervisor of employee directly in charge: _____
5. Location and brief description of work: Repairing poles
on Mon & Lick Rd.
6. Job Planning (Scouting, etc.): All Proper YES ✓ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ✓ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ✓ NO _____ Describe: Cones
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ✓ NO _____ Describe: Excellent!
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES ✓ NO _____ Describe: _____
11. Other Equipment and Procedures: All Proper YES ✓ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: take your time!
13. Overall Safety Rating of Crew: Good: ✓ Fair: _____ Poor: _____
14. Recommendations or Suggestions: Slow down
15. Audit results discussed with employee in charge: YES ✓ NO _____

August 03
Date of Audit

Employee Performing Audit

Distribution Operations Work Safety Audit

1. Crew: KU: _____ LGE: _____ Contractor: ✓ Pike EOC
Crew Reporting Location or Name of Contractor
2. Name and class of employee directly in charge of work: Ray Malloy
3. Names of employees under his supervision on this job: Mike B - others
4. Name of immediate supervisor of employee directly in charge: Ray Malloy
5. Location and brief description of work: Hwy 42 200 -
6. Job Planning (Scouting, etc.): All Proper YES ✓ NO _____ Describe: _____
7. Job Briefing (Tailboard Conf., etc.): All Proper YES ✓ NO _____ Describe: _____
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES ✓ NO _____
Describe: cones - off the Road -
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES ✓ NO _____
Describe: _____
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES _____ NO _____
Describe: N/A -
11. Other Equipment and Procedures: All Proper YES ✓ NO _____ Describe: _____
12. Apparent hazards not being guarded against by crew: none
13. Overall Safety Rating of Crew: Good: ✓ Fair: _____ Poor: _____
14. Recommendations or Suggestions: take your time
15. Audit results discussed with employee in charge: YES ✓ NO _____

August 03
Date of Audit

M. Ke G. Gibson
Employee Performing Audit

Reisert, Marcia

From: McBride, Keith
Sent: Monday, August 25, 2003 11:08 AM
To: Sheridan, Kenneth; Reisert, Marcia; Hunt, Bill; Cutlip, Scott
Subject: Safety Audit Form.xls

Energy Delivery Work Safety Audit

1. **Crew:** KU: _____ LGE: _____ Contractor: XXX Southern Pipeline / Syl Ianone
Crew Reporting Location or Name of Contractor
2. **Name and class of employee directly in charge of work:** SP-Foreman / Syl Ianone-LG&E contract inspe
3. **Names of employees under his supervision on this job:** Southern Pipeline - several employees
4. **Name of immediate supervisor of employee directly in charge:** Bill Hunt - LG&E Team Leader
5. **Location and brief description of work:** Hursbourn Lane at I-64 / Installing new gas regulator pit
Fire Department on scene calling for LG&E to stop work in unsafe excavation by LG&E contractor
6. **Job Planning (Scouting, etc.):** All Proper YES _____ NO XXX Describe: _____
Apparently not - excavation unsafe
7. **Job Briefing (Tailboard Conf., etc.):** All Proper YES _____ NO XXX Describe: Apparently
discuss *hazards associated with job *special precautions *work procedures involved
8. **Work Area Protection (Signs, Flags, Cones, etc.):** All Proper YES XXX NO _____
Describe: Could have used more traffic cones or devices in immediate area of excavation and in store lot/parking
9. **Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.):** All Proper YES XXX
Describe: _____
10. **Cover-Up Equipment (hoses, Hoods, Blankets, etc.):** All Proper YES _____ NO _____
Describe: N/A
11. **Other Equipment and Procedures:** All Proper YES _____ NO XXX Describe: _____
Non use of shoring / did not follow special work procedures
12. **Apparent hazards not being guarded against by crew:** unsafe excavation / excavation not properly s

or stepped / ends of excavation not sloped-stepped or protected

13. Overall Safety Rating of Crew: **Good:** _____ **Fair:** _____ **Poor:** XXX

14. Recommendations or Suggestions: Southern Pipeline Safety Specialist to monitor excavation and to have pr
excavation safety / will use trench box on this job / LG&E to speak with Fire Officials on corrective actions taken on

15. Are all safety devices in working order? **YES** XXX **NO** _____

16. Audit results discussed with employee in charge: **YES** XXX **NO** _____

August 22, 2003

Date of Audit

WK McBride

Employee Performing Audit

**SAFETY COUNCIL MEETING
THURSDAY, NOVEMBER 6, 2003
INDIANA UNIVERSITY SOUTHWEST
8:00 – 10:00 A.M.**

Meeting facilitated by Mike Gibson, Safety and Training Specialist

Dig-In – Keith McBride

- Dig-in by backhoe in the downtown area, 4” plastic main, 160 customers without service. Service had not been located, dig-in reported to PSC.
- Dig-in not marked properly – company/contractor doing work is responsible for damage. Contractor should not stop flow of gas, allow gas to blow and call LG&E.
- PPE should be worn at all times (hard hat, safety shoes, etc.).
- When a dig-in occurs contractors are charged for loss of gas from pipeline.

LG&E/KU Contractor Meeting

- January 8, 2004 a joint safety meeting of all LG&E/KU Contractors will be held. This meeting will consist of contractors and LG&E/KU employees that work closely with contractors. Energy Delivery business partners will be invited to kick off 2004 Safety Program.
- LG&E is hosting meeting. A health and safety fair will be provided to participants. Doug Ketzenburg and Barbara Hawkins will coordinate.

Communications

- Contractors make sure that the Safety Department has your e-mail address, and telephone number. LG&E Safety Specialist need to keep contractors informed and e-mail is the best way of communication.
- Chris Hermann, SVP, Energy Delivery, will be attending the Contractor Quarterly Safety meeting to show his appreciation to the contractors for their hard work and commitment to safety.

Motor-Vehicle Frequency Rates

- LG&E Safety Departments needs contractors’ motor vehicle incidents rates (most contractors track rates)
- Debbie Combs has a data base program that is used to capture this information. Training is available (2 – 3 hour class).

Contractor Quarterly Safety Meeting Overview

- Scott Cutlip, Third-Party Damage
- Dr. Joseph Kutz, Kleinert, Kutz and Associates Hand Care Center (hand injuries in the workplace)
- David White, Kentucky Public Service Commission (LG&E's responsibility)
- Christy Harper, Indiana University Southeast (confined space training)
- Brett Turner, Brownstown Electric Supply (prevention of minor injuries)
- Door prizes and adjournment

Sprains and Strains

- Watch footing (winter weather/wet ground – slips, trips and falls)
- Sprains and strains are the #1 cause of injury and lost time (medical/hospital expense)
- Topic should be discussed in tailgate meetings.

Flexibility Program

Stretching before workday begins. Companies should have a stretching program available for employees forty years and older. Statistics have proven that stretching before beginning the workday helps eliminates injuries of this nature. If program is in place, make sure proper stretching techniques are provided.

Chain Saw Injury – Asplundh

- Employee was pulling overhang (cut mouth with chain saw, stitches).
- Using a chain saw with one hand and cutting overhead should be avoided at all times. Chaps must be worn (working out of bucket, chaps are not required) and chain guard used.

Passport Update

Passports must be updated at the end of the year. Participants must receive a total of 8 hours training. Training may be provided in 1hour sessions per week or month.

Incident Prevention Plan

- Contractors must provide LG&E Safety with your incident plan (explain your plan for having zero incidents in 2004).
- Send e-mail and inform everyone of the deadline (January 8, 2004).

Backhoe Operators

Anyone operating a backhoe must wear a seatbelt (rollover protection). If seatbelts are not working, equipment should be taken out of service. Also, a fire extinguisher must be mounted on backhoe.

Performance Based Safety Red, Yellow, Green

Smaller contractors are sometimes marked red (has not worked a lot of hours). It is possible for a contractor to receive a yellow mark (wiggly room....bee sting, incident rate). Prefer not to use "wiggly room". Formula used industry wide. Safety will review each contractor individually. Contractor will only be in yellow for one quarter, they have a chance to redeem themselves, by correcting the problem. In most cases, contractors are removed from yellow by making improvements. Half of company contractors are zero for 2003.

DOT (hours of service rules) Utility Companies

- January 4, 2004, hours of service rules will be in effect (must be in compliance by October 2004)
- Fourteen hours on, ten hours off – DOT drivers
- 60 hours – 7 days
- 70 hours – 8 days
- 24 hours off to restart 7 day clock
- Working with EEI to receive an exemption
- Emergency must be declared by a state official (\$12,000 fine and jail time if rules are not enforced)
- What is considered a declared emergency (number of customers without service.
- Must communicate through e-mail, will not have an answer before next meeting.
- Federal Government will cut funding
- LG&E cannot go with Kentucky State Exemption (Interstate Company Travel).
- Policy is written for long-haul drivers.
- Need to have a workshop (Workshop Committee/DOT Hours/Compliance) before 2004 to explain what company is expected to do. DOT Representative from Indiana should attend workshop. DOT will invite anyone that wants to attend.
- Vehicles stopping at weigh station will be checked.
- Some LG&E trucks not licensed to go out of state.
- LG&E should have a supervisor to manage operations and communicate to contractors.

Gas Department

- Gas Contractors are doing a great job.
- One recordable, no lost time, 1 restricted duty.
- Passport training going well....more hours are required for gas than electric.

Safety Council Meeting
Thursday, November 6, 2003
Indiana University Southeast
8:00 – 10:00 a.m.
Page 4 of 4

Electric Department

- Fishel, request accident investigation training. Keith McBride to provide training and have contractor report (plan training for 2004).
- Emergency Control and Isolation – LG&E continues to work with Forestry to understand “lock out/tag-out” program.

Evacuation

- Wet weather – watch evacuation (5’ or more is possible for a cave in). Fire departments are checking evacuations.
- Need to revise crane booklet and video – Keith McBride.
- Crane workers need to be informed of danger and given training. Tailgate third party contractors. Willing to give presentation to fire department and other companies.

Confined Space Training – Kristy Harper

Confined Space Training (\$90 – one day) will be held at Indiana University Southeast, December 11, 2003

Private Tree Company

If you see a company not working properly they should be reported to DOT. Contact LG&E, LG&E cannot stop company, but will talk with the company and make safe. Provide safety clearance brochures to contractors. Discuss with Legal to ensure this is okay.

Contractor Library/Safety Books

Contact Marcia Reisert (333-1836) for information about high voltage demo and No Compromise and Contractor Safety Books.

Medical Alert – Frank Bryant

Performance Based Program

Measure contractors and hold accountable

CONTRACTOR QUARTERLY SAFETY MEETING
THURSDAY, NOVEMBER 6, 2003
INDIANA UNIVERSITY SOUTHEAST
10:00 A.M. – 2:00 P.M.

Kick Off (Ken Sheridan)

Welcomed and thanked everyone for attending meeting and emphasized the importance that safety should have within every organization. Encouraged contractors (large or small) to get involved in the meeting and ask questions or discuss any concerns that they may have regarding LG&E's Safety Program.

Introduced Chris Hermann and thanked Chris for supporting safety company-wide. Chris' commitment to safety is communicated at all levels (management and below).

Chris Hermann, SVP, Energy Delivery

Thanked everyone for coming. Introduced David White, PSC, and encouraged everyone to talk to David about concerns.

LG&E and Contractor Relationship

LG&E and contractors have moved from terms and conditions to an active partnership. We work well together and share valuable information. LG&E and the contractor relationship has worked well...had a good year. Must stay committed to safety and be aware that an accident can happen when we lose focus on safety.

Zero Injuries

Many contractors have zero injuries, don't cut corners, don't compromise any part of the safety process.

Safety Audits

Over 600 audits have been performed this year. Seatbelt safety is an issue.... need to change behavior.

No Compromise

Don't fail to take a "No Compromise" approach. Encouraged everyone to attend the January 8, 2004 Safety Meeting.

Brownstown Electric Supply

Thanked Brownstown for sponsoring meeting and their support and hard work.

Contractor Quarterly Safety Meeting
Thursday, November 6, 2003
Indiana University Southeast
10:00 a.m. – 2:00 p.m.
Page 2 of 7

Training and Data Input - Debbie Combs

- Passport Training
- Database Program (safety statistics)
- Motor-Vehicle Incident Frequency Rates

Third Part Damages - Scott Cutlip

- Causes an inconvenience to crews, customers and cost money
- Expenses - loss of product, reporting processes and reduction of customer service
- Safety is compromised (loss of life, the unseen hazardous... migrate into building(s) and cause an explosion).
- Use the 1 call law "call before you DIG"
- KUPI – partner and work closely with them....use the 1-800 number
- Applaud the effects that LG&E and contractors are doing to set the standard for preventing third party damages

Introduction of Contractors and LG&E Employees

Name and company representing

Hand Injuries (Kelsey Report) - Dr. Kutz

- 1/3 of hand injuries are disabling - most are lost time
- Expenses (10 – 12 billion dollars)
- Injuries involving hands 65 – 70%
- Injuries occur Monday and Friday
- Upper extremities - 16,000,000 per year
- Emergency – 6,000,000 per year
- Doctor Office – 12,000,000 per year
- Days restricted to home 9, 5000,000 per year, represents 16,000,000 days loss work each year
- Number of injuries avoidable 70 – 75%
- Watch clothing (farmers)
- Beware of weather conditions (frostbite)
- Most burns (electrical burns)
- Body part(s) time less than eight hours (rapid transfer – place part on ice or wrap with ice)
- Corporal tunnel (loss of sensation)
- Therapy – very important (seven months before back to normal)
- Fracture (seven months to heal)
- Ergonomics – process used to prevent injuries

Contractor Quarterly Safety Meeting
Thursday, November 6, 2003
Indiana University Southeast
10:00 a.m. – 2:00 p.m.
Page 3 of 7

Indiana University Southeast - Christy Harper

- November 19, 2003 – Passport Class (non-credit class)
- November 17 - 18, 2003 – Construction Class (non-credit class)
- December 11, 2003 – Confined Space Awareness Class 8:30 – 12:30 \$149.00

Public Service Commission – David White, Field Inspection, Accident Investigation

LG&E/KU is leading the industry in contractor safety awareness and prevention.
Congratulations and continue your commitment to safety.

PSC founded in 1934 by Kentucky General Assembly to regulate gas, water, sewer, pipeline, telephone and electric companies.

PSC Safety Emphasis

- Part of Public Protection and Regulation Cabinet
- PSC shall determine the reasonable, safe, proper, regulation of utility companies
- Safety Rules Established KRS 278.042 – enforce safety standards for electric utilities
- Designates NESC and KAR (Kentucky Administrative Regulations) Regulation for standard safety rules
- KAR Regulation KRS 278.310 establish KAR rules to be established
- KAR 5.006 Section 24 - establish a safety manual and have a safety program in place
- A strong emphasis is placed on safety records and behavior during inspections and accident reviews.

Contractor Expectations

- KAR 5:006 Section 24 – safety program is established for contractors
- KAR 5:006 Section 26 – reporting of accidents and outages should be reported within 2 hours
- KAR 5:0041 Section 3 – acceptable standards – (NESC, etc.)

Contractor Historically

- In the past contractors were given jobs that a company didn't want or couldn't handle.
- In the past, contractors were not respected (treated as dogs).

Contractor Quarterly Safety Meeting
Thursday, November 6, 2003
Indiana University Southeast
10:00 a.m. – 2:00 p.m.
Page 4 of 7

Reason for Change

- Contractors are performing more work.
- Companies have fewer employees due to lay-offs, buyouts, early retirements, etc.
- History of high incident rate with some crews
- Companies have higher medical and litigation cost

NESC Changes

.012 utilities authorized to meet safety requirements

OSHA 1926

1926D: authorized person assigned by employee to perform a duty.... regardless of contractor relationship

PSC's Attitude Toward Safety

PSC's responsibility is to provide the public with a safe environment.

What Does It All Mean

Be aware of dangers and make sure workers and management practice safety...go home to your family.

Fines

\$2,500 per violation (maximum)...thought has been given to raising fines.

Copy of Report

Show reason why company should not be fined....information is a public document.

Regional Training

Utility is responsible for providing training. Informational sessions are very important to stay updated on PSC issues.

Number of Field Inspectors

Electric – 1

Water – 2

Sewer – 1

Gas – 2 or 3

Nelson Tree Company

Two years without an injury.

Brownstown Electric – Brett Turner

- Brownstown Electric supplies most of the materials for LG&E.
- Emphasis safety, even when the results are not positive (don't want to listen)
- Drivers are forklift certified and they wear their seatbelts
- Brownstown Electric started the company in 1970 with 3 employees, 2002 employees increased to 75.

Customer Service

- Strive to reduce cost in everything they do....but maintains quality service.
- Work management integration
- VMI – free bins
- On site material delivery – job site reporting
- Vendor managed inventory
- Owner of vehicles/fleet
- Job Kitting – site delivery
- Job trailers

Fraizer Rehab – Kelly Bisig

Rehab is costly (20 billion medical treatments per year)

Ways to prevent injuries

- Practice good posture
- Weight management (obesity causes lower back problems)
- Moving to quickly (flexibility)
- Lifting (tighten stomach when lifting, left items close to you, use legs, keep back straight)
- Shoveling (move hips with movement, move feet when dumping load)
- Holding positions for too long (muscle strain)

Body Mechanics

- Use cautions when picking up items
- Be aware of posture when getting in and out of vehicle
- Reaching and looking above your head
- Balance is the key – involves eliminating the cause and if an injury should occur rehab is important to restore strength and flexibility.

Contractor Quarterly Safety Meeting
Thursday, November 6, 2003
Indiana University Southeast
10:00 a.m. – 2:00 p.m.
Page 6 of 7

Miscellaneous

- January 8, 2004 – joint meeting with contractors and employees that work closely with contractors.
- Incident prevention plan should be complete by January 8 or before.
- STS – when a request for locates are made and they are not located as requested, why should the person requesting the locate need to call in the locate a second time. Representative from STS asked to speak with the contractor after the meeting for a better understanding of his concern.

**SAFETY COUNCIL MEETING
THURSDAY, AUGUST 7, 2003
INDIANA UNIVERSITY SOUTHEAST
8:00 – 10:00 A.M.**

Meeting facilitated by Mike Gibson, Safety and Training Supervisor

Passports

When a primary contractor is using a sub-contractor (smaller contractor), if possible, use a sub-contractor that is already in the Passport Program. If this is not possible, make sure the contractor has a Project or Temporary Passport.

The primary contractor should have their supervision monitor the sub-contractor to make sure they are working safely. Accidents by the sub-contractor are reported under the same guidelines. Primary contractors that bring sub-contractors in with an unsatisfactory safety record are held responsible for any accidents.

Every contractor should have their passport with them when working.

Recertification

Contractor passport recertification should be completed by December 2003.

Confined Space Program (lock out / tag out)

LG&E will be developing training that is specifically designed for contractors that require training in requested areas.

When LG&E has an outage, contractors should inform supervision how many people (crews) will be assisting with restoration.

Contractor Safety Meetings

Contractors working for Energy Delivery are required to attend all safety meetings. If you are working for the Transmission line of business you are required to attend their meetings. Passports are required for both work groups. At times, there may be an overlap in work assignments; make sure you have with you the correct passport for the work group that you are assisting. LG&E is committed to having the safest workforce possible. Safety issues are discussed with LG&E's Project Management Team. Currently, LG&E has 300 – 400 certified contractors. Approximately fifteen contractors are participating in the Performance Based Safety Program. LG&E plans to use this group as an example to migrate other contractors into the program.

Job Briefing

Job briefings must be documented and maintained by the contractors. Copies must be provided to LG&E when requested.

Dig-In – (STS)

Several contractors are not satisfied with the performance of STS (delays in locating underground facilities) and would like to schedule a meeting with other "utility safety professionals" to discuss concerns.

Safety Council Meeting
Thursday, August 7, 2003
Indiana University Southeast
8:00 – 10:00 a.m.
Page 2 of 3

LG&E intends to reduce the number of dig-ins occurring with outside contractors. LG&E contractors will be held accountable to the “No Compromise Plan”....LG&E averages 7.8 dig-ins per day.

Quarterly Report

Plan to request contractors to provide a report on positive training that they are providing within their company (URD, Forestry, Hot Stick, Tailgate Meetings, etc.). This will be a good method of measuring lead indicators and sharing with other safety professionals.

Open Discussion

Lock-out / Tag out – proper procedures should be followed (test, card, work hot or ground, proper PPE equipment should be used, follow dielectric testing procedures).

Tree Trimming -

Tree trimming contractors should meet with forestry, safety consultant and Trouble Department to discuss procedures to ensure proper working clearance when removing trees from lines. Contact Bill Wheeler to schedule meeting.

Media & Public - contractor personnel must refer the media and the public to LG&E/KU Corporate Communications Department. Under no circumstance should contractors respond to comments by the media or/and public.

Identify Training Needs - LG&E's safety staff will be sending e-mail to contractors requesting a list of their training needs. The list will be compiled and training classes will be provided. LG&E may considering hiring a safety professional to discuss specialized training for smaller contractors.

Data Entry – Safety and Technical Department is moving from a manual system to an electronic system. This will allow data to be managed more efficiently. Suggest that Safety add a toolbar to their website to assist with entering (curriculum) information. Primary contractor conducting testing is responsible for data entry (in some cases, sub-contractor may need to give database access to primary contractor). Need to develop formal process for communicating who is taking test and data entry procedures.

Performance Based Safety – program is working well and will continue to grow. Receiving good reviews, program has not been painless. Safety is tied to the bottom line and this is resulting in positive things. Database is reviewed (Satisfactory/Green, Unsatisfactory-needs improvements/Yellow, Unsatisfactory//Red).

Incident rate has dropped to 4.8 (30-40% in the past two years).

Formal Audits (Fishel, Townsend, Pike) - contractors should perform internal audits of their company and make a presentation to LG&E's management about their safety program (allows management to ask specific questions). Contractors should develop a CD, utilize CD to grow business and provide safety information to the Public Service Commission.

CONTRACTOR QUARTERLY SAFETY MEETING
THURSDAY, AUGUST 7, 2003
INDIANA UNIVERSITY SOUTHEAST
10:00 A.M. – 2:00 P.M.

Kick Off (Ken Sheridan)

Welcomed and thanked everyone for attending meeting and emphasized the importance that safety should have within every organization. Encouraged contractors (large or small) to get involved in the meeting and ask questions or discuss any concerns that they may have regarding LG&E's safety program.

Contractors should have the attitude that "No one comes in my house and gets hurt".

History of Asplundh Tree Expert Company (Dave Ellifritz)

- Celebrating their 75th Anniversary.
- Works hard to satisfy their customers and works with the best equipment.
- Excellent safety program - good safety program is determined by a good safety culture (provide training to employee and everyone is held accountable).
- Human Nature (rewards versus penalty) - make sure employees do not take the path of least resistance.
- How Do We Combat the Driver - work hard to change a poor safety culture and overcoming barriers.
- How to Change a Poor Safety Culture - overcome human nature.
- Percentage of Claims vs. Length of Employment - excellent record
- Incident and Frequency Rates - compared 1992 – 2000, year 2002 slightly under 3 accidents.
- Region 59 Loss Cost Per Hour (\$ per man-hour, 1997 - 1998 / .45 cents per man-hour, 2002 – 2003 .10 cents per man-hour)
- Incident Rate with LG&E - 2003 average 2.92

Dig-In (David Huff)

- Excavation Safety – know what is underground before you dig.
- LG&E is experiencing an alarming increase in third party dig-ins that involves an uncontrolled release of gas pressure.
- LG&E and LG&E contractors must train employees and emphasized the importance of requesting that areas are marked properly before digging.
- Real life examples - reviewed several incidents that have occurred within the past few years that involved death and injuries due to dig-ins.
- LG&E dig-in average (2003 – 7.288, 2002 – 7.352) this average must be reduced
- Excavation regulations/law - KRS 367.4911
- Electric Trouble/Gas Trouble must be notified when a dig-in occurs. Work must stop immediately and notification procedures followed (call the fire department if there is a strong gas odor, blowing gas call 911, always notify LG&E personnel.
- LG&E's "No Compromise Plan" is designed to protect the public and our workplace
- If you have questions contact (1-800-752-6007, www.kyunderground.com)

Corporate Health and Safety-Moving Forward (Barbara Hawkins)

- New manager of Corporate Health and Safety has been appointed.
- Goals of the department (manage the interface between LG&E Energy and external agencies (KOSHA, OSHA, etc.), recommend, develop and promulgate company health and safety policies, administer specific organizational processes, act as liaison with other health and safety groups (E.ON organization).
- Health and Safety experts who add value (Jeff Gilbert, Tanya Levine, Anita 'Sam' Riley, Debi Coombs, Occupational Health & Safety Nurse).

Medical Alert Program (MAP) (Frank Bryant)

The Medical Alert Program is a transformer tagging process in Distribution Operations. The new program is in effect in the Kentucky Utilities area and will be used in the entire Distribution Operations area.

Summary of Procedures (refer to MAP Procedures for details)

Transformer Tagging Process - Revenue Collections will generate a CIS order with special instructions to install MAP transformer tag on transformer serving specified MAP premise. Revenue Collections will also generate an e-mail to the respective Operations Center Manager requesting e-mail confirmation upon completion of transformer tagging.

Planned Outage Process – When field personnel find it necessary to have a planned outage, procedures are in place to make notification to Medical Alert Program designated customers.

Emergency Outage Process – Upon receipt of a Trouble Order with a MAP designation or premise identification from the Outage Management System, dispatch shall direct response personnel to the affected area immediately and follow procedures as outlined.

- Procedures should be developed to “undo” a transformer where tag(s) have been placed but the premise no longer requires a medical alert notification. Not sure how this will be handled, in the meantime, dispatchers should be notified when a tag has been located and they will check the premise to see if there is someone on life support.
- LG&E does not provide a generator during an outage. Generators are usually provided to patients when they are dismissed from their medical facility.
- Field service personnel should tag meters that require medical alert notification.
- Revenue collections will keep an updated list of all patients (contractors will be provided with the list). When an outage is planned, dispatchers must be notified. Medical alert information should be on work request (electric), should ensure that gas follows same procedures.

STS (underground locating service)

- Contract with utilities for locating services (BellSouth, Insight, LG&E and Louisville Water Company).
- Responsible for locating services in thirteen states.
- Year 2002, averaged 100,000 locates, equals to 400,050 locate marks.
- Committed to educating and training employees and improving relationship with utility companies
- Committed to improving relationship with LG&E (supportive of the “No Compromise Plan”).
- When an area has been marked, do not remove marking, forget where the markings were and this creates a high risk for dig-ins.
- When a requests for locates has been made, markings should be in place before work starts.
- Plan to stay after meeting to discuss any concerns LG&E or contractors may have.

Accident Prevention (Ken Sheridan)

- Re-emphasized LG&E’s commitment to the “No Compromise” safety approach for contractors.
- Everyone should follow proper procedures to energize a 1200 KVAR bank of capacitors. The available ampere was discussed and the hazards associated with reactive current.
- Re-emphasized that it is the contractors’ responsibility to inspect, maintain and utilize the safety features of equipment in accordance with the manufacturer’s specifications. All equipment identified as deficient by the Company will not be allowed to be utilized for Company work.
- All contractors must examine the worksite, identify hazard, isolate or control those hazards and choose appropriate equipment, tools, and procedures for the worksite given those hazards.
- All accidents must be reported in a timely manner (Vice-President will be notified within 15 minutes of occurrence).
- Contractors must have passport on site when performing work.
- Follow proper procedures when dealing with the media or public (media or public must contact Chip Keeling, Corporate Communications).
- Re-emphasized the importance of good housekeeping practices (good housekeeping is an excellent way to prevent accidents).
- Contractors should ensure that their safety specialist(s) are visible to LG&E personnel.
- Confusion with Contractor Quarterly Safety Meetings – Energy Delivery contractors are expected to attend all meetings. If contractors work for other lines of business they are required to attend their meetings.
- Public Service Commission (PSC) – establishing date for PSC to attend safety meetings.
- Near Miss Incidents – should be reported (used to improve safety program).

Contractor Quarterly Safety Meeting
Thursday, August 7, 2003
Indiana University Southeast
10:00 a.m. – 2:00 p.m.
Page 4 of 4

Miscellaneous (Mike Gibson)

- Work-Zone Traffic Safety Class - approximately twenty-five people attend training.
- Confined Space Training scheduled for September 18.
- Plan to send e-mail with list of training available to contractors (formal audits, job briefings, and performance based safety management, etc.).

Dog Training (Joe Welsh)

Avoid dog attacks – company will bring dogs to workplace and provide training. Training is scheduled for September 17, East Operations Center, \$30.00 per person, 100 maximum attendance. Contact Joe Welsh, 333-1833 or Marcia Reisert, 333-1836 if you plan to attend.

Next Quarterly Meeting

November 7, 2003, hosted by Brownstown Electric.

LG&E Quarterly Meeting & Safety Council

11/6/03

Sign-In Sheet

Name	Company	Telephone #	Email
✓ Scott Cooke	LC&E	627-3645	scott.cooke@lgenergy.com
✓ Mark Fletcher	Married Electric	8458-5222	markfletcher@univis.net
✓ Fort Schuyler T	goodcents	508'491-5097	
✓ Steve Harshaw	Aetna Building Maint.	(932) 324-5711	sharshaw@AetnaBuilding.com
✓ LARRY MIALBACK	ENERGY ECONOMICS INC	376-8084	LARRY.MIALBACK@lgenergy.com
✓ Bart Freeman	S.T.S.	502-811-4404	Bfreeman@STSUS.NET
✓ Larnie Ballouway	Harshaw Trane	502-494-7000	lballouway@trane.com
✓ Timothy K. Potts	Du Pont Flooring Sys	(502) 367 7755 404 3945	
✓ Stephen Edwards	Edwards Mfg	502-722-5530	stephen@EdwardsMfg.com
✓ Eugene Jurgens	JTHS	581-8687	
✓ Dr. Doug King	Kendrick	561-4244	
✓ Barbara Dandrea	LC&E	627-2647	
✓ Dennis Lanoie	ABEL	817-8854	
✓ Bonnie Geadre	MAC Const.	941-7845	bonniegeadre@macconstruction.com
✓ Keith McBRIDE	LC&E	627-2405	Keith.McBride@lgenergy.com
✓ Beth Turner	Brownstown	800-742-8492	bturner@brownstown.com

LG&E Quarterly Meeting
11/6/03
Sign-In Sheet

Name	Company	Telephone #	Email
✓ Debi Coombs	LG&E		
✓ Craig Hackett	FUS Student	817-949-9986	cmthackett@juna.com
✓ Donnie Ray	Tru-Check	859-339-0817	DonnieRay@tru-check.com
✓ TOE Wraylor	Tree-Check	859-749-5637	Toe@treecheck.com
✓ Rick Swadman	Townsend Tree Service	812-734-0000	msw@townsendtree.com
✓ Mike Fitzpatrick	Goodcents S.L. Inc.	502-243-8516	
✓ Paul Y. Stone	Stone Construction - Hanni.	502-589-1735	Paul.Constr. @ An. com.
✓ Ann Evans	Evans Construction	572-267-1691	annevans@evans.con
✓ Kevin F. +2	Southern Cross/Woodley	502-819-2057	
✓ Julie Gilchrist	Machine Electric	502-897-6514	Julie@Machine-electric.com
✓ Judith Amshoff	Honeywell Inc.	502-299-5082	
✓ Michael Laxton	Halliburton	304-965-2580	Michael.Laxton@Halliburton.com
✓ Scott Curtis	LG&E	502-333-1886	
✓ Tim Tucker	LG&E	859-221-7020	
✓ Diane Kimbrell	Ops Plus	502-454-9767	diane@opsplus.net
✓ El Whitney	Henderson Services	502-773-4301	elwhitney@henderson-services.com
✓ Tim Grahman	Cumate Corp / Liebert	502-867-4696	tim-grahman@cumate.com

LG&E Quarterly Meeting 11/6/03 Sign-In Sheet

Name	Company	Telephone #	Email
✓ Edward Coulman	BREHE ELECTRIC, INC.	810-503-3500	BREHE2@AOL.COM
✓ Vincent Bray	Bray Electric Sel.	502-396-2356	Vincentbray@LG&Eenergy
✓ Doug Manning	LG&E	502-333-1817	
✓ Louie Turner	Commercial Furniture Services	502-394-4163	louietur@netzero.net
✓ JONNY WARD	FISHEL	502-456-0800	JWARD@FISHEL.CO.COM
✓ Mike Martin	Schneel	502-969-7534	-
✓ David Daniels	Pike Electric	502-396-5200	David.Daniels@LG&E Energy
✓ Steven Bryant	P.R. Electric	700-343-7453	
✓ Albert Bentley	Southwestern Engineering	502-968-8844	SBPiretc@BellSouth.net
✓ Bill McIntosh	Seco management	502-364-8452	williams@mcintoshdyeenergy.com
✓ Bill Wheeler	LG&KV	502-627-3209	bill.wheeler@lgeenergy.com
✓ Scott Adams	MOORE SECURITY	812-282-5599	SCOTT.CONSOLE@lgeenergy.com
✓ Rick NANCE	LG&E	502-364-8434	RICK.NANCE@LG&Eenergy.com
✓ Frank Newton	LG&E	502-333-1870	FRANK.NEWTON@lgeenergy.com
✓ Alan Manning	EXXONES CONSLT	202-835-1437	alan-manning@lgeenergy.com
✓ Joan Kenfrow	LG&E	502-627-2807	Joan.Kenfrow@lgeenergy.com
✓ Don Thoren	"	" - 3080	don.thoren@lgeenergy.com

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LG&E Quarterly Meeting
11/6/03
Sign-In Sheet

Name	Company	Telephone #	Email
✓ John Evans	Davis H Elliot Const	859 263-5148	jevans@daviselliott.com
Steve Hood	LG&E	333-1924	STEVE.HOOD@LG&E.COM
Scott Bria	Cmi	435-5306-564-9338	—
✓ Brock RANSEER	HIGHLAND ROOFING CO, INC	(502) 968-2007	BRACK@HIGHLANDROOFING.COM
✓ Glenn Lewis	Schnell Const.	502-969-7534	Info @ Schnell Const. Com
✓ Hershel Fletcher	Gray Lynn Const	606 346-5821	
✓ EUGENE DUNN	GARY LYNN CONST	606-346-5821	
✓ Dave Ellifritz	Asplundh	859-887-5902	D.Ellifritz@AOL.com
✓ Tim Pettitt	Phillips Tree Expert	606 528-4145	
✓ Chucle Shum-	Chucle Cat Co	606 337-7502	C Shumpe & East Ky. Net
✓ GARY C. MINTER	ASPLUNDH	859-887-5902	MINTERGARY@HETMAIL.COM
✓ DALE B RUCÉ	DB Electric	812-246-3215	BRUCI.DALE@LG&E.COM
✓ Marcia Reisch	LG&E		
✓ Christy Harper	IUS	812-941-2321	
✓ Anna Robertson	XEROX	502-627-4344	anna.robertson@lgenergy.com
✓ Heidi Heidi	LG&E	502-643-7376	
✓ Chad Chad	LG&E	502-627-4743	

Quarterly & Safety Council meeting

333-1878

Sign - / n

8-7-03

1) /pe /dek
 + Doug Vignone
 Johnny Ward
 Theodor Heltzer
 Amy Lynn
 Jimmy Outlets
 TAMPA E Fest
 Robert Arrington
 L. Pelt
 Troy Mason
 Bob Ealyano
 Dave Ellifritz
 Steve D. Bryant
 David Daniels
 Brett Turner
 Tom Masters
 Jerry Lasley
 David Ridge
 Keith McBride
 Frank Bryant
 MARK SEAMITT
 David Guy
 JOE DOUTHITT
 David Huff
 DENNIS FOWLER
 Julie Gilchrest
 Bobby Goms

LGE/KU
 Fiskel
 FISHEL
 Lynn Construction
 Lynn Construction Co
 E-Max Engineering
 LGE
 LGE/KU
 Phillips Tree Experts
 Nelson Tree
 Asplundh Tree Export Co
 Asplundh Tree Export Co
 Pike Electric Inc
 Pike Electric Inc
 Crownston Electric Supply
 LGE/KU
 JUST Engineering
 JUST Engineering
 LGE
 K.U.
 LGE/KU
 LGE
 LGE
 LGE
 LGE
 Marine Elect Co
 Marine Electric
 LGE

Benbara Hawkins	LG&E
Crawford OWENS	LG&E
BONNIE GARDNER	MAC CONST.
Jim O'BRYAN	AETNA BUILDING MAINT.
Steve Harshaw	Aetna Building Maint.
DENNIS LANGE	ABEL CONST.
LARRY MIALBACK	EVERGY ECONOMICS INC.
David Schickel Jr	D. Schickel Co. Inc.
Willard BARNES	EVANS CONST.
Steve BEAVEN	EVANS CONST.
Steve Hendrix	Hendrix Electric Inc.
Scott Whitsett	Hendrix Electric Inc.
Diane Kimbrell	Ops Plus, Inc.
Mike Laxton	Halliburton Energy Services
KATHY SLAY	LG&E
BEVERLY GOEBEL	SOUTHERN PIPELINE CONST. CO.
Gilbert Gentry	Southern Pipeline Const. Co.
DAVID SPALL	SPALL CONSTRUCTION PARTNERS CO.
RICK NANCE	LG&E
JERRY GRANT	LG&E
RON BARNES	Z & B Elec Co.
Kurt Barrett	Harshaw Trane
Carrie Galloway	Harshaw Trane
Kenny Fritz	South in Cross/West Corp.
Ricky Decker	Weed Free Co.
Tim Potts	Du Pont FLOORING SYSTEMS
Fred Goodman	STS
DAVID HOOD	STS, INC.
Bart Fremow	STS

Doug Ketzenberg

Jimmy Waples

Joe Walsh

Tamara E. Pitt

Robert Springboro

Elmer Goldsmith

Dave Ellifritz

Bob Enelywine

Thay Mason

Gilbert Gentry

Beverly Goshel

Tom Masters

Brett Turner

Daniel L. Daniels

Steven Bryant

Roy Montfort

Sam Riley

John Evans

BOBBY GOINS

Crawford OWENS

Ken Sheridan

Fishe

FISHEL

LG&E

LG+E

LG&KU

Phillips Tree Experts

Townsend Tree

Asplundh Tree Expert

Asplundh Tree Expert Co

Nelson Tree Svc. Co

Southern Pipeline Const.

Southern Pipeline Const. Co

LG&E Energy Services Company

Brownstown Electric Supply

Pike Electric

Pike Electric Inc

LG&E

LG+E - Corp. Safe

Davis H. Elliot

LG+E

LG+E

BROCK RAMSER
MIKE DOWNEY
CHRISTOPHER KENDRICK

Mike Martin

DANNY CHAIN
Michael TURNER

Ken Kline

BILL SEEBOLD

Hick Saulman

Elmer Goldsmith

ROY MONTFORT

STAN RILEY

David Nielsen

John EVANS

Scott Brain Ami

JEFF FRECHT

John Wolfe

TIM GRAHAM

Bob FEGER

Chuck Shupe

ED STATON

HIGHLAND ROOFING CO. INC.
DURIAN MACHINERY
DURIAN MACHINERY

Schnell Inc.

EDWARDS Moving & Rigging
Schnell Contractors

Iwensys

HONEYWELL

Townsend Tree Service

Townsend Tree

LG & E

-GE

ASSG

DAVIS H. ELLIOT

ASSURED ASSET PROTECTION

LG & E

GCG/LIEBERT

UNITED ELECTRIC

Chuck's Car & Co.

I.G. & E

Asplundh - Host

Davis ELLIOT

BROWNSTOWN

PIKE

NELSON

TOWNSEND

FISHER

Southern Pipe Line

LEE - SAFETY

Management

Engineering

Forestry

INSPECTORS

Project Management